Cayuga County Community Health Assessment

2012 Update

Prepared by OPConsulting for Cayuga County Health and Human Services

The Cayuga County Department of Health and Human Services prepares an assessment of the health of its residents every four years. The report is updated annually. The findings of the report help guide community planning and departmental decision making concerning interventions that will improve the overall health of the county's residents.

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A. DEMOGRAPHIC AND HEALTH STATUS INFORMATION

Geographic Profile:

Nearly sixty-five miles long, Cayuga County's land area of 700 square miles stretches from the shores of Lake Ontario into the heart of the Finger Lakes Region and the Southern Tier of Central New York. The County is blessed with plentiful water resources. Cayuga Lake, on the west, and Skaneateles and Cross Lakes, on the east, form natural boundaries ranging from four miles to nineteen miles. In addition to the surrounding lakes, its own Owasco Lake offers a prime water supply source. Owasco has a surface area of 10.4 square miles, maximum depth of 177 feet and a watershed area of approximately 225 square miles.

Demographic Profile:

Population Estimates	***Cayuga County***	***NYS***
Population, 2010	80,026	19,378,102
Population, 2000	81,963	
Population, percent change, 2000 to 2010	-2.4%	2.1%
Population, change, 2000 to 2010	-1,937	404,645
Persons under 5 years old, 2010	3,982	
Persons under 5 years old, percent, 2010	5%	6%
Persons under 20 years old, 2010	19,354	
Persons under 18 years old, percent, 2010	21.6%	22%
Persons 65 years old and over, percent, 2010	15.3%	13.5%
Persons 65 years old and over, 2010	12,157	
Female persons, percent, 2010	49%	51.6%

Cayuga County, similar to most upstate counties, is seeing significant increases in both the number and percent of those persons 65 years and older while the younger cohorts are decreasing.

Population Estimates	***Auburn***	***NYS***
Population, 2010	27,687	
Population, percent change, 2000 to 2010	-3.1%	2.1%
Population, net change, 2000 to 2010	-887	404,645
Persons under 5 years old, percent, 2010	6.2%	6%
Persons under 18 years old, percent, 2010	20.9%	22.3%
Persons 65 years old and over, percent, 2010	16.3%	13.5%
Female persons, percent, 2010	49.3%	51.6%%

Cayuga County Racial Breakdown	*Number*	*Percent*
White persons, 2010	74,042	92.5%
Black persons, 2010	3,195	4%
American Indian and Alaska Native persons, 2010	283	.4%
Asian persons, 2010	390	.5%
Native Hawaiian and Other Pacific Islander, 2010	31	
Persons reporting two or more races, 2010	1,431	1.8%
Persons of Hispanic or Latino origin, 2010	1,711	2.4%

Auburn Racial Breakdown	*Number*	*Percent*
Total population	27,687	
White persons, 2010	23,889	86.3%
Black or African American persons, 2010	2,354	8.5%
American Indian and Alaska Native persons, 2010	111	.4%
Asian persons, 2000	166	.6%
Native Hawaiian and Other Pacific Islander persons, 2010	N/A	
Persons reporting some other race, 2010	N/A	
Persons reporting two or more races, 2010	858	3.1%
Persons of Hispanic or Latino origin, 2010	997	3.6%

Disability:
The Census defines disability as: A long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business. Estimates on the number of county residents who have disabilities vary considerably between the 2010 US Census and the latest Expanded Behavioral Risk Factor Surveillance Survey (see the EBRFSS table below) as well as the 2000 census. The 2010 Census estimates 9,308 non-institutionalized persons in the county are disabled. The previous census in 2000 reported that there were nearly 13,000 residents experiencing one or more disabilities (18.5% of the county's population). There is no valid reason that the level of disability would drop so precipitously from 2000 to 2010 (a 27% decline) especially in light of increases in the population over 65 years. There is very little variation in the data reported in the 2007 EBRFSS in comparison to the 2008 – 2009 EBRFSS. It is recommended that the reader utilize the EBRFSS data on disability (listed after the Census data on disability), for any planning purpose.

Disabled by Age & Gender (2010 Census)	*County Estimate*
Total with a Disability (non-Institutionalized)	9,308 (12.3%)
0 to 5 years:	47
5 to 17 years:	463
18 to 64 years:	4,474
65 years and over:	4,324
Total Females with a Disability	4,831
Total Males with a Disability	4,477

The 2008 - 09 EBRFSS asked three questions to gage the number of people with a disability. The numbers of persons reporting a disability or an activity limitation is increasing. Given the graying of the county's population this trend should continue.

	Number	% County	% NYS
Estimated number of adults with a disability (Defined as adults reporting activity limitations because of physical, mental or emotional problems or have health problems that require the use of special equipment)	**16,500**	**25.3%**	**20.1%**
Activity limitations because of physical, mental or emotional problems among adults	**15,400**	**24.5%**	**20.6%**
Activity limitations because of physical, mental or emotional problems among adults that require the use of special equipment such as a cane, wheelchair, a special bed or special telephone)	**5,600**	**8.9%**	**7.9%**

Economic and Housing Profile:

Cayuga County holds steadily to ranking high among counties in the Central New York region in the creation of manufacturing jobs. Manufacturing remains the largest contributor to the County's economy, with primary metals, metal fabrication, rubber, plastics and plastic molding, electronic components, pumps, refrigeration, glass bottles and a host of other products serving markets throughout the world. Emerging technologies like fiber optics point the way to the future.

Most businesses are locally owned, though international firms are represented. Feeding the growth of high technology in Cayuga County is the NASA Regional Applications Center at Cayuga Community College. The total percent of women owned businesses in Cayuga County is down from 28.9% (previous census) to 20.2%, as of 2007, compared to New York State which increased from 26.1% to 30.4% for 2007. The total number of businesses located within the county was 2,454 in 2007.

Agriculture is Cayuga County's largest industry, producing some of New York State's finest livestock, dairy products and cash crops. More than 1,010 farms cover over 60 percent of Cayuga County, with approximately 259,300 acres under cultivation. From single-family operations to farms fitting the "agribusiness" definition, Cayuga County ranks first in New York in corn production, second in soybean, and fourth in milk production (over 50 million gallons).

The economic impact is approximately $138 million in farm receipts, with many other agricultural businesses contributing further, with an estimated value of $100 million. Emerging agricultural businesses are wineries along the eastern edge of Cayuga Lake.

Employment & Income	***Cayuga County***	***New York***
Personal income, 2009) *	$2,543,983	
Personal income per capita income, 2009*	$31,989	$46,516
Civilian labor force, 2010 ŧ	37,800	
Unemployment rate, 2010 ŧ	8.3%	8.6%
Full-time and part-time employment by place of work, 2009*	$36,333	
Full-time and part-time employment, net change 2006 to 2009*	$77.00	

Employment in government, 2010	6,874	
Earnings, 2008 – 2009 percent change*	-3.2%	-5.3%
Average earnings per job, 2009	N/A	
Private nonfarm establishments, 2009 r	1,624	
Private nonfarm employment, 2009 r	18,002	
Private nonfarm employment, percent change 2000-2009 r	-2.5%	-0.3
Median household income, 2009 r	$49,136	$54,554
Persons below poverty, percent, 2009 r	13.5%	14.2%

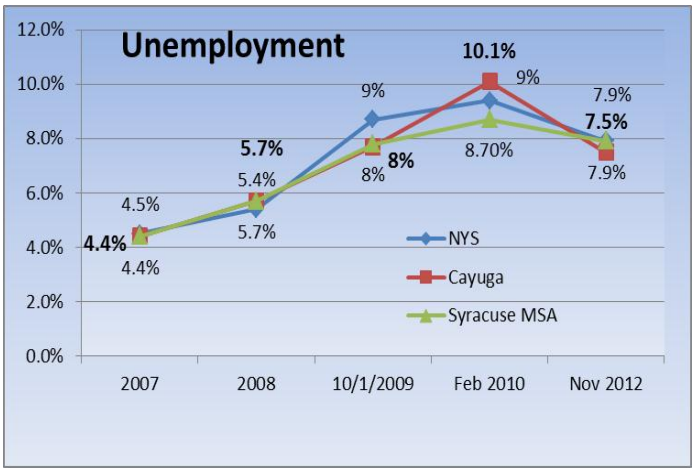
r 2010 Census
t NYS Dept. of Labor
* *Us. Dept. of Commerce; Bureau of Economic Analysis*

The recession is taking its toll on Cayuga County residents. The percent of those experiencing poverty is rising. There were declines earnings and private non-farm employment from 2008 to 2009. There is some hope that the recession's grip may be easing (see Unemployment).

Children & Youth – Economic Security (KWIC)	***Baseline 2005***		***Current 2010+***		***NYS Current***
	Number	**Rate**	**Number**	**Rate**	**Rate**
Children and Youth Living Below Poverty, percent children/youth ages birth-17 years (2005;20010)	3,171	17.9	3,178	18.4	21.1
Children and Youth Receiving Public Assistance, percent children/youth ages birth-17 years (2005;2011)	574	3.2	703	4.2	7.0
Children and Youth Receiving Supplemental Nutrition Assistance Program Benefits, percent children/youth ages birth-17 years (2005;2011)	2,836	15.7	4,078	24.1	27.5
Children and Youth Receiving Supplemental Security Income, percent children/youth ages birth-19 years (2000;2011)	325	1.4	388	2.0	2.1
Children Receiving Free or Reduced-price School Lunch - Public Schools, percent children in grades K-6 (2004/05;2009/10)	1,939	34.5	2,060	39.9	51.7

In all measures of childhood economic security, both the number and percent of those at risk is growing.

Unemployment



As the recession deepened, unemployment rates in Cayuga County is reached levels not seen in since the early 1990s. For the three years preceeding 2009, the County unemployment rate stayed below 5.4%. The County's 2008 unemployment rate was 5.3% and that compared with a rate of 5.5% statewide. However, in 2009 the rate jumped to 8.4% for the County (a 48% increase since 2008) and continued to escalate, reaching a high of 10.1% in February, 2010. The County unemployment rate for November, 2012 improved to 7.5% (bettering the State at 7.9% and Syracuse MSA at 7.9%).

Poverty/Income

The percentage of people living below the poverty level in Cayuga County, at the time of the 2010 Census, was 13.5%, better than the state rate of 14.2%. However, the 2010 Census figures reported a 22% % increase in the poverty rate for the county when compared to the rate reported in the 2000 Census. The median household income in Cayuga County, at the time of the 2010 Census, was $49,136 and $54,554 for NYS.

Housing - County & NYS

Occupied Housing Units	84.9% (NYS 88.8%)
Vacant Housing Units	15.1% (NYS 11.2%)
Homeownership Rate	73.9% (NYS 53.3%)
Renter occupied Housing	26.1% (NYS 46.7%)
Median Value of owner Occupied Housing 2009	$95,000 (NYS N/A)

Data source: US Census, 2010 Selected Housing Characteristics

Mortality

The County Health Indicator Profile data identifies four areas of concern with respect to mortality: lung cancer, breast cancer, cerebrovascular disease and unintentional injury. Mortality and incidence of lung cancer, cerebrovascular disease and unintentional injury are priority areas for the county and are discussed later within this Section.

Mortality Data (Rates per 100,000)

	2008		2007		2006		2005		2004	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Total Deaths	740	930								
Lung Cancer (Total)	42	53	50	65	71	88	64	80	43	54
Lung Cancer (Male)	23	57	25	62	39	95	42	102	19	46
Lung Cancer (Female)	19	48	25	63	32	80	22	55	24	59
Breast Cancer (Female)	8	20	8	20	12	30	7	17	9	22
Cervical Cancer	3	8	1	3	0	0	1	3	1	3
Cerebrovascular Disease	29	36	31	39	50	62	46	57	32	39
Diseases of the Heart	203	254	201	251	216	270	226	278	228	278
Homicides	0	0	1	1	0	0	3	4	1	1
Suicides	7	9	8	10	5	6	8	10	4	5
Unintentional Injury	35	44	27	34	26	32	25	31	23	28
Motor Vehicle	13	16	10	13	7	9	4	5	13	16
Non-Motor Vehicle	22	28	17	21	19	23	21	26	10	12
AIDS	1	1	1	1	2	3	1	1	2	2
Cirrhosis (Liver)	6	8	5	6	8	10	5	6	7	9

Source: New York State Department of Health, County Health Indicator Profiles (2004 - 2008).

Morbidity

Morbidity Data (Rates per 100,000)

	2009		2008		2007		2006		2005		2004	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
AIDS Cases *	4**	4	6	8	5	6	3	4	4	5	5	6
Early Syphilis			1	1	0	0	0	0	0	0	0	0
Chlamydia Incidence			172	216	201	251	163	201	106	130	127	155
TB Incidence			1	1	0	0	0	0	1	1	0	0
Ecoli O157 Incidence			0	0	0	0	0	0	3	4	1	1
Meningococcal Incidence			1	1	0	0	1	1	2	3	0	0
Pertussis Incidence			0	0	50	62	3	4	2	3	5	6
Lyme Disease Incidence			0	0	1	1	1	1	2	3	0	0

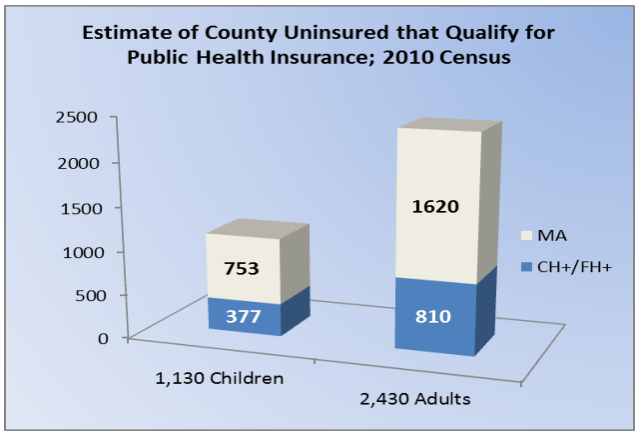
*AIDS Cases include ICD-9 diagnosis

Source: New York State Department of Health, County Health Indicator Profiles (2004 - 2008). **Source: NYS HIV/AIDS County Surveillance Report; Includes State Prison Inmates, September, 2011

ACCESS TO QUALITY HEALTH CARE

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
% of adults with health care coverage [1]	100%†	85.0%[a] (2010)	88.6% (2010)	89.7% * (2009)
% of adults with regular health care providers [1]	96%†	86%[a] (2008)	86.6% (2010)	89.8% * (2009)
% of adults who have seen a dentist in the past year [1]	83%†	69.9%[a] (2010)	72.5% (2010)	71.7% * (2009)
Early stage cancer diagnosis [2]:				
Breast	80%	60% (2001-2007)	64.6%	65.3% (2008-2010)
Cervical	65%	48% (2001-2007)	46.1%	44.4% (2008-2010)
Colorectal	50%	39% (2001-2007)	45.1% (2008)	62.9% (2008-2010)

~ Fewer than 20 events in the numerator; rate is unstable
Source: EBRFSS Report: July, 2008 – June, 2009



Cayuga County has done and excellent job in extending health insurance coverage for its population. With nearly 90% of its population having health care coverage, it well exceeds the U.S. rate of 85%. However, there are still county residents that are eligible for, but do not have, publicly sponsored health insurance. The 2010 Census figures vary slightly than those of NYSDoH concerning health insurance coverage (Census estimates 87.8% have health insurance coverage vs. 89,7% estimated by NYSDoH). The census estimates that there were 9,245 individuals without health insurance in 2010. Of the 9,245, 8,153 (or 88% of this cohort) were adults 18 years of age or older and 1,092 (or 12% of the children in the county) were under age 18. Current estimates (using NYSDoH state-wide data) are that 1,130 of the county'children are uninsured; of those, 753 would qualify for Medicaid and 377 would qualify for Child Health Plus. Additionally, the estimate for county adults who are uninsured but qualify for a public insurance program is 2,430, with 1,620 adults qualifying for Medicaid and the balance, 810, qualifying for Family Health Plus. The health implications for the unisured are:

- Higher rates of mortality and morbidity t

- Higher financial burdens ŧ
- More likely to postpone or fail to receive needed medical care ≠
- Less likely to be screened for serious illnesses ≠
- More likely to enter the health care system in poorer health ≠
- More likely to receive less treatment, even for serious acute or chronic health conditions ≠
- More likely to have worse health outcomes, both in general and for specific diseases ≠
- More than 50% of uninsured adults have no regular source of care.
- Diminished access to health services weakens efforts to fight the spread of communicable diseases among the general population ×
- Uninsured individuals are four times more likely to delay or forgo needed care.
- Uninsured children are less likely to get routine well-child care, have worse access to health care, and use medical and dental services less frequently than insured children.
- Uninsured women are more likely to have maternal complications and poor outcomes during pregnancy and delivery than are insured women.
- The uninsured are twice as likely as the insured to be unable to pay for basic family needs, such as food and housing, due to medical bills.

ŧ Uninsured and Dying Because of It, Urban Institute, January, 2008

≠ Consequences of the Lack of Health Insurance on Health and Earnings; Cover Missouri Project: Report 1, Urban Institute, June, 2006

× Restrictions on Undocumented Immigrants' Access to Health Services: The Public Health Implications of Welfare Reform, American Journal of Public Health, October, 2003

The economic downturn has significant implications for adults maintaining health care coverage. The following are observed results from previous recessions:

- Unemployed lose health insurance
- Workers drop family health insurance
- Deferred preventative and primary health care (physician visits, immunizations, prescriptions drugs)
- Increase in health crises resulting in increased use of the emergency room and increased hospital admissions
- Increase in demand for support (basic needs, counseling)
    - Non-profits financial stability suffers especially front line "safety net/lifeline" programs

The county appears to have relatively good access to dental care with nearly 74% of its adult residents seeing a dentist at least annually, a rate higher than the state. This hides the very serious problem that afflicts children and older adults within the county. Cayuga County's children have an abnormally high rate of caries (see Section IV. Healthy Mother; Healthy Babies; Healthy Children - Prevalence of tooth decay in 3rd grade children). Further, 25.3% of adults age 65 and older had all permanent teeth extracted due to decay or gum disease a rate 38% higher than the state.

According to NYSDOH data, the majority of access indicators for Cayuga county adults are positively higher than the US and the state. They continue to be below the 2013 objectives. The early stage colorectal cancer diagnosis rates for the county have improved overtime and fair better than the US and the state. However, early stage cervical cancer diagnosis rates for the county have decreased over

time and have unfortunately fallen well below the 2013 prevention goal of 65%. (See section on Chronic Disease)

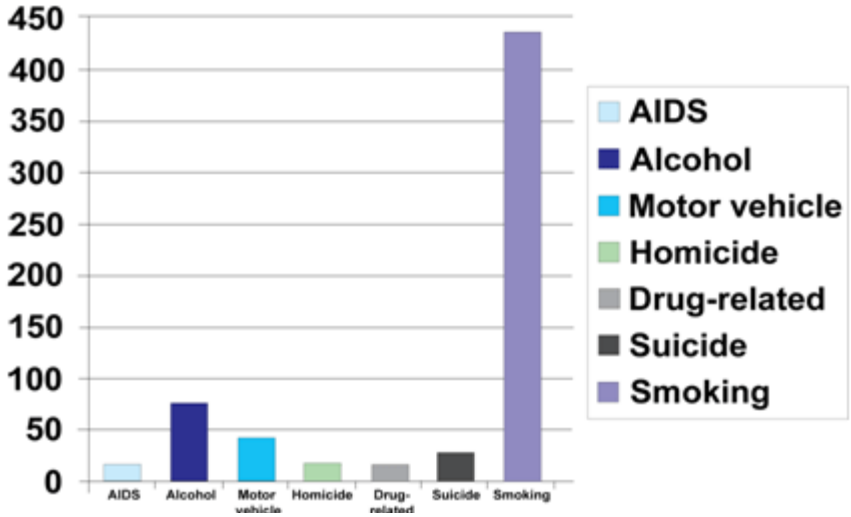
TOBACCO USE

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
% cigarette smoking in adolescents [3] (past month)	10%	19.5% (2009)	12.6% (2010)	15.8%** (2007)
% cigarette smoking in adults [1]	12%†	17.3%[a] (2010)	15.5% (2010)	22.9% (2009)
COPD hospitalizations among adults 18 + years [4] (per 10,000)	31.0	23.4 (2008)	43.4 (2009)	49.2 * (2007-2009)
Lung cancer incidence [2] (per 100,000)				
Male	62.0*	80.5*	75.2*	106.7 (2008-2010) *
Female	41.0*	54.5* (2007)	55.4* (2008)	69.9 * (2008-2010)

**Data from local report: Partnership for Results Youth Substance Abuse Survey, 2003-2008, Auburn, Grades 10 &12 for 2007

Tobacco Use and Disease

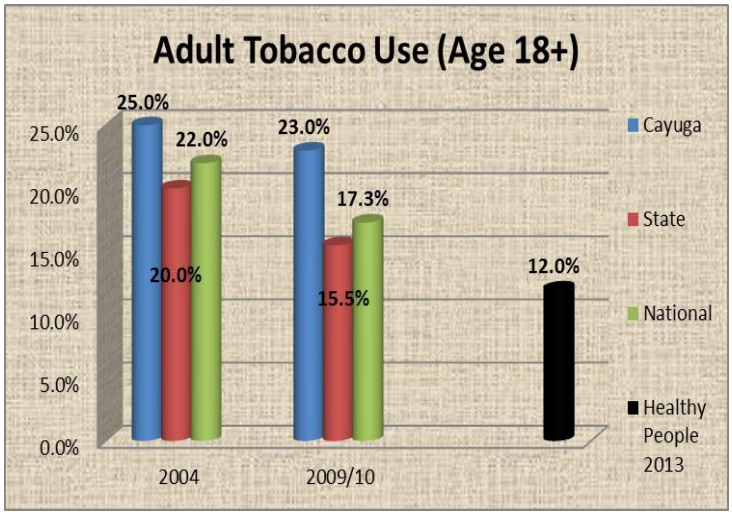
Tobacco use is the most frequent actual cause of death in the US. It has a direct correlation to chronic disease and to the most common causes of death: heart disease, stroke, and cancer. Smoking is the leading preventable cause of death and disease in the United States. There are over 440,000 premature deaths each year due to smoking related illnesses. That is approximately 1,200 deaths every day. Smoking related illnesses kill more people each year than alcohol, drug use, motor vehicles, AIDS, homicide and suicide combined.



Source: http://cancercontrol.cancer.gov/od/causes.html (2011 data)

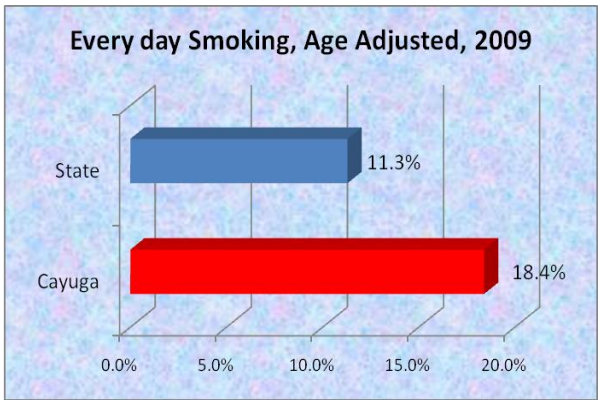
Tobacco use is the nation's leading preventable cause of death. Smoking harms nearly every organ in the body. Most of New York's 2.7 million smokers want to quit. In fact, every year more than half try. But, because smoking is a serious addiction, very few succeed. Source: Community Health Update, NYSDOH 12/10.

Data on the incidence of smoking cigarettes by adults has come from the EBRFS Survey as well as the Cayuga County Tobacco Free Coalition. The Coalition has conducted four randomized samples of county residents on tobacco use. These, and other county surveys, have helped to provide picture of tobacco use in Cayuga County. The use has been high with a possible shift toward a decrease in cigarette smoking.



The four Coalition telephone surveys included 400 Cayuga County residents in each. Three surveys were conducted in the month of June, in 2004, 2006 and 2008. The surveys reported an increase in Cayuga County's rate of cigarette smoking among adults (ages 18+) (25% in 2004 and 29.2% in 2006). The 2008 survey results showed a decrease to 17.3% (a 41% drop). In 2004 the state rate of cigarette smoking among adults was 20%; in 2007 it was 18.9%. The national rate in 2004 was 22% and in 2007 it was 19.8%. The Healthy People 2010 goal is 12%. The most recent data shows that the decline in 2008 has reversed. As of 2009 the County rate spiked back up to 23% (EBRFSS, 2009). The rate of smoking continues to be strongly correlated with gender, age, and education level (highest rates were found in the following cohorts; males, the 25-54 age group, and with persons who did not attend college). Data posted on countyhealthrankings.org suggests that the trend toward increasing tobacco use by County residents is continuing, showing a use rate of 30%. Countyhealthrankings.org reports an adult tobacco use rate for neighboring Seneca County of 25% and a state rate 18%.

There was a marked increase in the number of "former smokers" in the county between the 2006 Tobacco Coalition survey and 2008. In 2006, 19.8% of county survey respondents were former smokers and in 2008 that rose to 30.2%. National and NYS rates remained the same from 24.7% and 24.5% respectively in 2006 to 24.6% and 25.5% respectively in 2007.

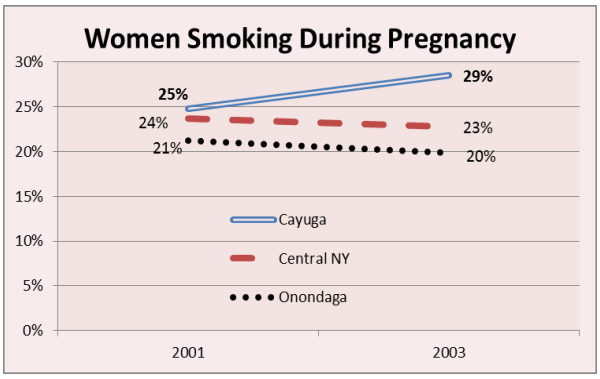


The 2009 NYS Expanded BRFSS reported that the percent of residents of Cayuga County who smoked every day in 2009 was 18.4% (age adjusted rate). This represents a rate that is 60% above the state rate of 11.3% for the same timeframe. In response to a 2007 survey by the Community Health Network,

38.9% of the county adult residents answering stated that tobacco use was currently affecting the health of a member of their household. This response rate made tobacco use the 2nd highest risk factor cited by the survey respondents.

Early onset of smoking is a strong predictor of adult smoking. A Youth Tobacco Survey of Auburn High School students was conducted in May 2003 and again in May 2004. The survey revealed an 11% increase in the number of 12th Graders who reported they "had used cigarettes within the past 30 days." More than half of adult smokers became daily smokers before age 18. In 2008 the age of onset for tobacco use was 14.9 years.

Smoking During Pregnancy



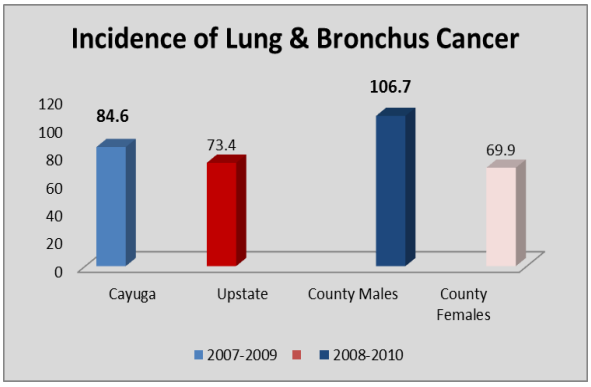
Smoking, during pregnancy, is a known risk factor. In 2001, according to the Central New York Regional Perinatal Data System, the percentage of mothers who gave birth in Cayuga County, and who smoked during pregnancy, was 24.8%. It was higher than Onondaga County (21.2%) and the region (23.7%). In 2003 the percentage of mothers who gave birth in Cayuga County, and who smoked during pregnancy, increased to 28.5%, a trend opposite of Onondaga County (19.9%) and the region (22.8%).

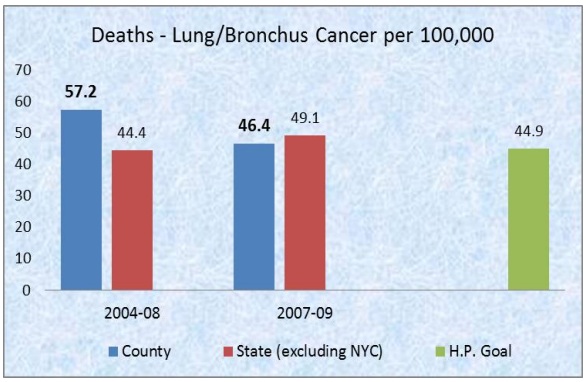
While this data source is no longer available to provide more recent data, anecdotal information received during the 2009 Community Planning Initiative indicated that this issue continues. ***"****There are women who have been admitted and have begun labor but cause the doctors to wait while they go outside to have a cigarette****"****.* Source: Auburn Memorial Hospital.

High rates of tobacco use coupled with high rates of excessive drinking are the primary cause of why Cayuga County ranks 49th (of 62) in healthy behaviors according to countyhealthrankings.org.

Lung and Bronchus Cancer

The lung and bronchus cancer incidence rate has stayed fairly steady across the state since 2001. However, the county incidence rate has remained higher than the upstate and the state rate. During 2007-09 the county rate was 84.6 per 100,000 as compared to 73.4 upstate and 63.8 state-wide. Rates for males have been historically higher for males. During 2008 to 2010 the county rate for males was 106.7 and the rate for females was 69.9 per 100,000. These rates were well above the 2013 prevention goals of 62 for males and 41 for females.





Mortality from lung and bronchus cancer has stayed fairly constant in Cayuga County and the region. Historically, upstate has reported somewhat lower lung and bronchus mortality rates than the county. The latest data from the cancer registry showed a modest improvement for the county over time. During 2007-09 the county mortality rate was 46.4 per 100,000, the upstate rate was 49.1, and the state rate was 42.8. The county rate was lower than its region's 55.8. As would be expected with the incidence being higher for males, the death rate for males is also higher than for females.

HEALTHY MOTHER; HEALTHY BABIES; HEALTHY CHILDREN

PERINATAL HEALTH DATA

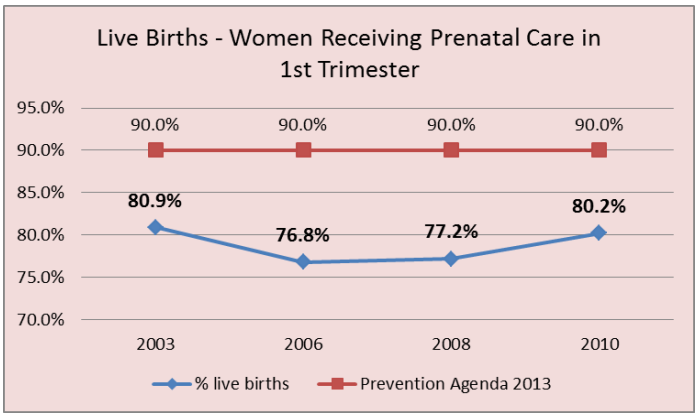
Indicator	2008		2007		2006		2005		2004	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Pregnancies (All ages)	1,023	66.8	1,011	66.0	1,072	67.7	1,004	64.4	1,024	64.2
- Age 10-14	4	1.7	1	0.4	1	0.4	1	0.4	1	0.4
- Age 15-19	101	34.4	122	41.4	112	37.8	122	42.8	119	40.5
Births	836	10.5	798	10.0	855	10.5	812	10.0	840	10.3
Low Birth weight (Less than 2500 grams)	58	6.9	50	6.3	65	7.6	62	7.6	78	9.3
Prenatal Care (1st Trimester)	630	77.2	618	78.5	641	76.8	637	80.0	653	79.1
Infant Deaths	7	8.4	3	3.8	8	9.4	11	13.5	8	9.5
Neonatal Deaths	5	6.0	3	3.8	6	7.0	9	11.1	5	6.0
Postneonatal Deaths	2	2.4	0	0.0	2	2.3	2	2.5	3	3.6
Spontaneous Fetal Deaths (20+ wks)	3	3.6	7	8.7	7	8.1	7	8.5	6	7.1

Total Pregnancy Rate is per 1,000 women 15-44; 10-14 and 15-19 rates are per 1,000 women in these age groups. The Birth Rate is live births per 1,000 population.
The Low Birthweight and Early Prenatal Care Rates are per 100 births. Infant, Neonatal and Postneonatal Death Rates are per 1,000 births. Source: NYSDOH, County Health Indicator Profiles (2002 - 2006).

HEALTHY MOTHERS/ HEALTHY BABIES/HEALTHY CHILDREN

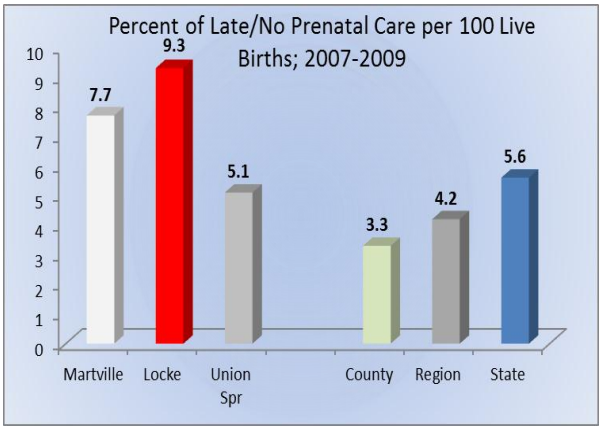
Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
% early prenatal care (1st trimester) [5]	90%†	69.0% (2007)	73.3% (2009)	79.9% (2008-2010)
% low birth weight [5] births (<2500 grams)	5%†	8.2% (2009)	8.2% (2009)	6.4% (2008-2010)
Infant mortality (per 1,000 live births) [6]	4.5 †	6.4 (2009)	5.3 (2009)	6.1~ (2008-2010)
Increase % of 2 year old children who receive recommended vaccines (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 HepB) [7]	90%	71.9% (2009)	72.2% (2009)	NA
% of children with at least one lead screening by 36 months[8]	96%	13.8% (2008)	85.3% (NYS excl. NYC) (2005 birth cohort)	81.5% (2006 birth cohort)
Prevalence of tooth decay in 3rd grade children [9]	42%†	53.0% (2004)	54.1% (2002-2004)	72.2% (2002-2004)
Pregnancy rate among females aged 15-17 years [10](per 1,000)	28.0	40.2 (2005)	31.1 (2008-2010)	17.6 (2008-2010)

Prenatal Care & Risk Factors

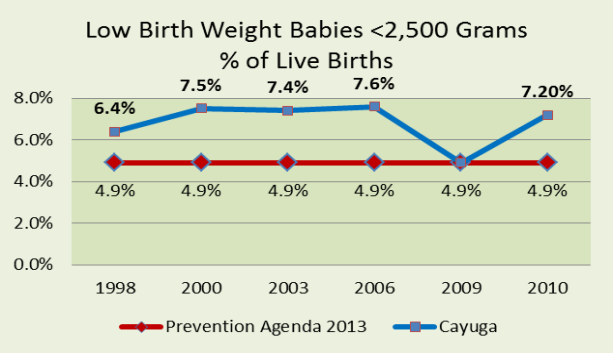


The efficacy of prenatal care in the 1st trimester is well understood. Statistics via the Kid's Well- Being Indicators Clearinghouse (KWIC) show a fluctuating record for the county over time. From 1993-98, the average percent of births to women who received 1st trimester prenatal care was 72.4%. In 1999, the percent rose to 80.2%. Between 2001 and 2006 the rate has fluctuated and in 2006, the trend turned downward with the 2008 county rate of 77.2 (but bettering the 2008 state rate of 72). In 2009, the county rate returned to its high point of 80.9%. In 2010 there was no statistically significant change in the rate. The prevention goal is 90%.

According to the Perinatal Data Profile and CHAI data, while better than the state rate, the percentage of late/no prenatal care per 100 live births for the county has not improved over time. The state decreased from 6.8% (1990-2000) to 5.6% (2007-2009). The Cayuga County rate has changed little, historically averaging 3.3%. However, there is considerable variance among the communities that make up Cayuga County. Two rural communities/zip codes showed increased rates which were highest in the county as well as higher than the state rate during 2007-2009. They were Martville (7.7%) and Locke (9.3%). Scipio and Union Springs have been communities to watch as they have been among the highest since 2005-2007. Scipio finally showed a decrease from 6.9% (2006-08) to 3.6% (2007-09), which is now lower than the state and regional rates. Union Springs had the 3rd highest rate in the county.

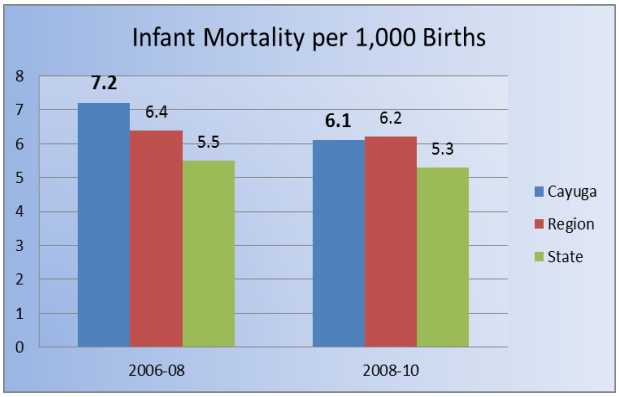


Low Birth Weight



According to data from KWIC, the percentage of low birth weight babies per live births has been increasing. During 2003, the County percent was 7.4 and the state rate was 7.9. The 2013 prevention goal is 5%. In 2006, while still below the state rate of 8.3%, the county rate rose to its highest level since 1997, with 7.6% of live births being low birth weight babies. In 2009, the county experienced a dramatic improvement in the percent of low birth weight babies being delivered, besting the Healthy People target (Cayuga 4.9% vs. Prevention Agenda 2013 target of 5%). In 2010, the rate returned to the previous years' levels, 7.2%, suggesting that the drop in 2009 was an anomaly.

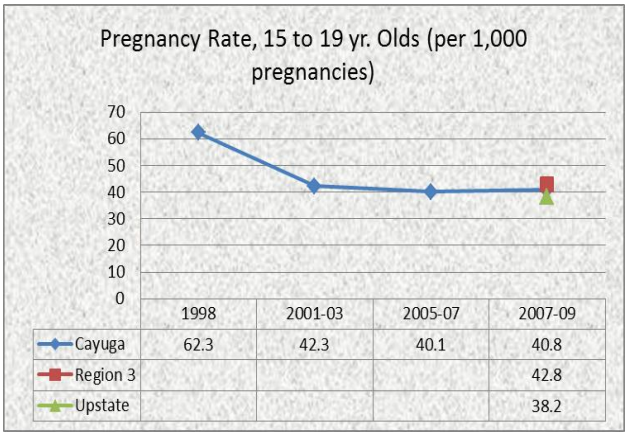
Infant Mortality



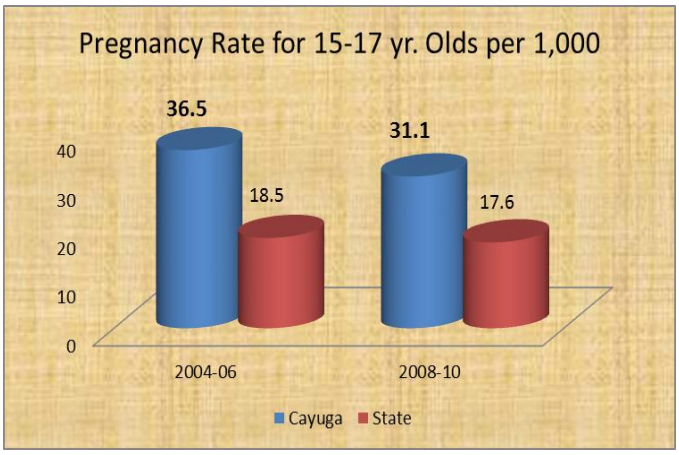
Infant mortality has been challenging for Cayuga County over time. The infant mortality rate for Cayuga County during 2001 - 2003 was 4.7 per 1,000 live births (12 infant deaths). During this period of time the county was lower than the region (7.6) and the state (5.9). In 2004 – 2006, the positive outcomes in the county's infant mortality rate reversed dramatically when the rate more than doubled reaching 10.8 per 1,000 births. For 2006 – 2008 the county's infant mortality rate moderated to 7.2 per 1,000 live births, remaining

higher than the region (6.4) and the state (5.5). Moderate progress continued in 2008 -2010, with the County rate declining to a rate of 5.7%. The target rate for 2013 prevention goal however is 4.5.

Teen Pregnancy

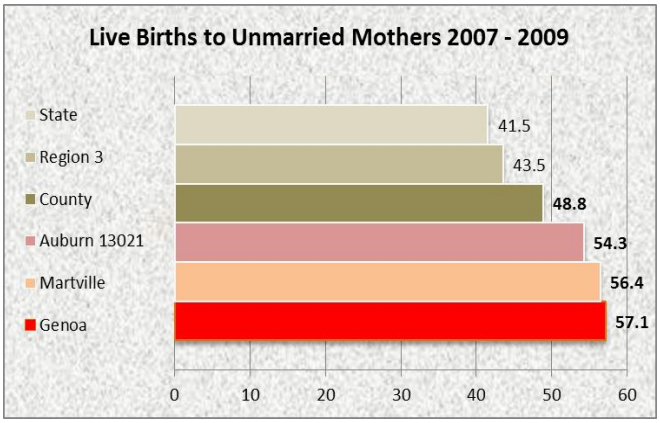


The teen (19 and under) pregnancy rate, within the county, has slowly declined. In 1998, the rate for pregnancies within the 15-19 age cohort was 62.3 per 1,000. The upstate pregnancy rate for 15-19 yr. olds was 54.7 per 1,000 in 1998, and the central New York regional composite rate in 1998 (covering 3 yrs.) was 54.2. During 2005 - 2007, the positive trend of declining pregnancy rates for this cohort in Cayuga County continued. The 2005 – 2007 county pregnancy rate for 15-19 year olds was 40.1 as compared to the state rate of 58.6. The most recent vital statistics data for 2007 – 2009 show a slight increase in the County's rate to 40.8. The State rate dropped slightly. The County continues to have fewer pregnancies among those 15 – 19 year olds than Region 3 (Central NY) which had a rate of 42.8. It is important to note that there are communities within the county where the teen pregnancy rate is higher than the overall county rate. The five communities with the highest rates from 2007 – 2009 are: Auburn (13021 Zip Code) at 49.9%; Sterling at 49.8%; Moravia at 42.9%; Locke at 41.3%; and Port Byron at 40.4%%.



According to the NYSDoH statistics, the pregnancy rate for 15 – 17 year olds has been declining for both the state and for Cayuga County. During the time period from 2004 – 2006 the County pregnancy rate for this cohort was 18.5 per 1,000. The state rate in 2005 was 36.5 per 1,000. During the 2008 – 2010 timeframe, the County rate dropped to 17.6 and in 2010 the state rate fell slightly to 31.1.

Births to Unmarried Mothers



Over the three years from 2006 to 2008 births to unmarried mothers has increased for the county, the region and the state. It is a reflection of a national trend (22% increase since 1980 according to the US Census Bureau; 2011 Statistical Abstract). During these three years, 47.1% of all live births in the county were to unmarried mothers. From 2007 to 2009 the rate crept up to 48.8% making the County's rate significantly higher than the region or the state. As with teen pregnancy rates, there are communities within the county that are experiencing significantly higher rates of live births to unmarried mothers then the county as a whole. The three communities with rates higher than the county from 2007 – 2009 are: Auburn at 54.31%; Martville/Fairhaven 56.4;* and Genoa at 57.1%. * 13111 zip code

Pneumonia Hhospitalizations - Infants

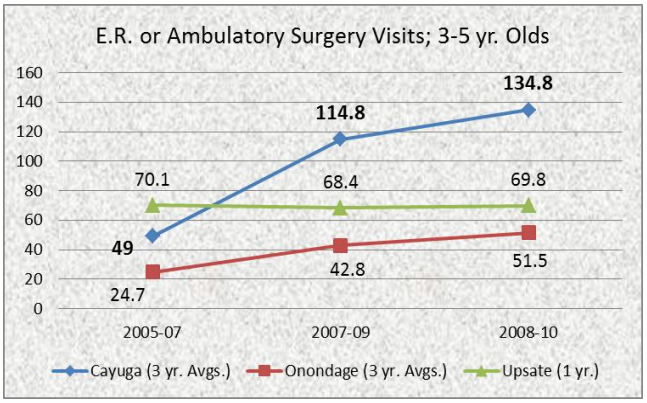
Although upstate has seen a fairly stable pneumonia hospitalization rate for the ages 0 to 4 years, data shows a gradual increase over time. The three year average in 2002 for the county was 36.9 per 10,000, rising to an average of 55.4 during 2008-2010. The regional rate was 43.1 and the state rate during this period of time was 44.6.

Dental Health

According to the 2008-2009 EBRFS Survey, county residents reported a higher rate of poor dental health than state-wide. The percentage of adults who reported permanent teeth extracted due to decay or gum disease was 56.2% (NYS was 50.4%). In addition, Cayuga County residents were 24% more likely to have serious dental problems when they reached 65. The survey reported that 24.3% of respondents aged 65 and older (nearly one in four) had all permanent teeth extracted due to gum disease, a rate that was 24% higher than their counterparts statewide (19.6% NYS) .

Dental Health - Children

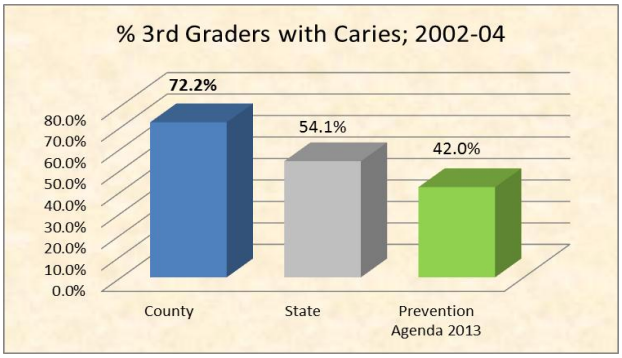
Poor dental health is the most common chronic disease in children. It can impact their overall health, growth, and oral function. Children in Cayuga County have a long history of poor dental health. Cayuga County does not have fluorinated water which contributes to this history.

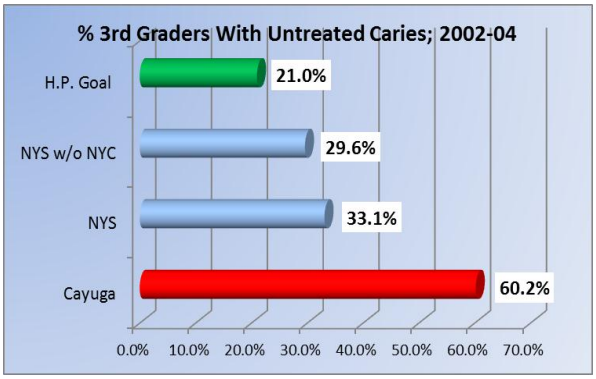


Oral health indicators for 2008-2010 reported an ever increasing "caries outpatient visit rate" for children ages 3-5 (outpatient data reflected emergency department and ambulatory surgery visits SPARCS). The county data showed an increase since 2002-2004 when there were 24 visits and the rate was 43.8 per 10,000. The rate for Cayuga County's children age 3-5 years old during 2007-2009 was 114.8 per 10,000. The upstate rate for the same period was 68.4. From 2002-04 to 2008-10 the county rate increased by 300% to 134.8. The county's rate was higher than the region's rate of 83.4, than the upstate rate of 69.8 (48% higher) and the state rate of 65.8. The number of visits increased to 100 from 24. In addition, Cayuga was the second highest in its region.

The following data on the county's 3rd graders with caries/decay and receiving sealant is from 2002-2004. This data has not been updated since by the NYSDOH and therefore is the most recent for planning purposes.

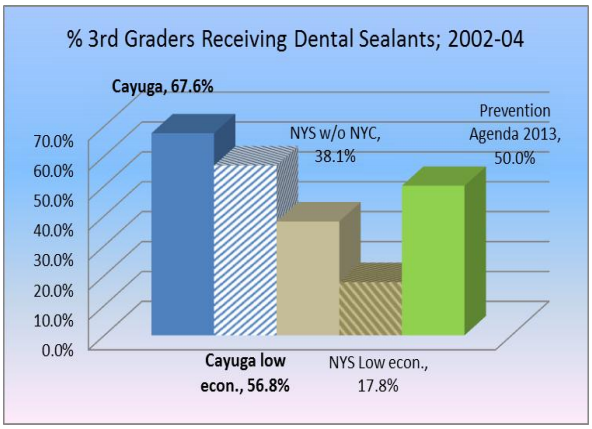
According to oral health indicator data, 69.9% of third graders were taking fluoride tablets on a regular basis. The percentage of county 3rd grade children with caries (decay) was 72.2% during 2002-2004; 33% higher than the state rate of 54.1% and greater than the prevention goal of 42%.





The percentages of children with untreated caries increased between 1998 and 2002/04. In 1998 it was 37% of 2nd and 3rd graders. During 2002-2004 it was 60.2% of 3rd graders, a 62% increase from 1998. As the graph illustrates, the percent of 3rd graders screened with untreated decay was almost twice the state rate of 33.1 and three times the prevention goal of 21%. Untreated caries in the county's children continues to reveal a lack of proper dental health care.

The County has worked at improving children's dental health and has been successful with dental sealants for third graders. During 2002-2004, oral health indicators reported that 67.6% of 3rd grade children had dental sealants; higher than the state and the prevention goal. Sealants for low socio-economic status children were much higher than the state. (Low economic status children were participants in the free or reduced school lunch program.)



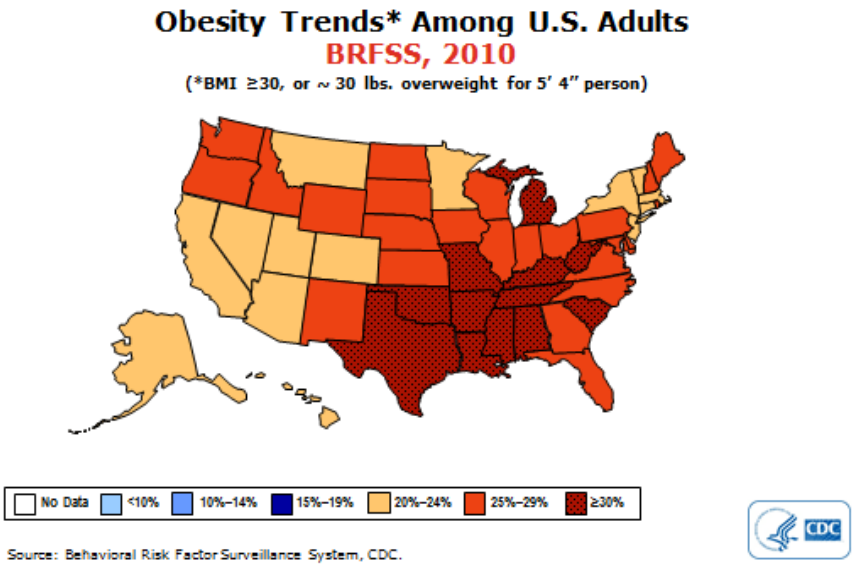
PHYSICAL ACTIVITY/NUTRITION

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
(% of obese children by grade level: BMI for age>95th percentile) 2–4 Years (WIC)[11] (pre-school)	11.6%	14.4% (2010)	14.4% (2009)	12.8% (2008-2010)
K[12]	5%†	-	-	NA
2	5%†	-	-	NA
4	5%†	-	-	NA
7	5%†	-	-	NA
10	5%†	-	-	NA
% of adults who are obese (BMI>30) [1]	15%†	27.6%[a] (2010)	24.5% (2010)	27.6% * (2009)
% of adults engaged in some type of leisure time physical activity [1]	80%†	76.2%[a] (2009)	76.2% (2010)	77.1% * (2009)
% of adults eating 5 or more fruits or vegetables per day [1]	33%	23.4%[a] (2009)	26.8% (2009)	27.0% * (2009)
% of WIC mothers breastfeeding at 6 months [11]	50%†	25.1% (2010)	38.8% (2009)	16.6% (2007-2009)

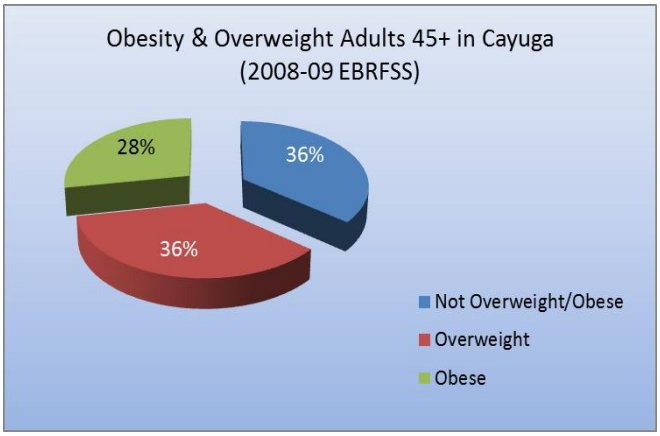
Overweight and Obesity

Overweight and obesity continue to place increasing numbers of persons at risk. It is has been characterized by the Center for Disease Control (CDC) as an epidemic. Overweight and obesity are associated with heart disease, certain types of cancer, type 2 diabetes, stroke, arthritis, breathing problems and psychological disorders such as depression.

Overweight and Obesity, Adults

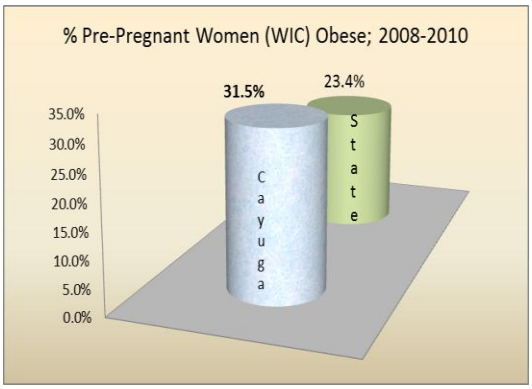


Statistics show the dramatic increase. In 1991, five states reported an incidence of obesity at 15-19% (the highest range at that time). By 1996, the number of states at that range rose to 29. By 2001, 49 states (a 900% increase) reported obesity at 15-19% of their populations. Data from EBRFSS 2008-09 reported that all states but one had 20% or more of their populations obese and several reported 30% or more. New York State reported 23.9-27% of its population was obese. (Obesity = BMI greater than or equal to 30, or ~ 30 lbs. overweight for a 5'4" woman.)



Data from the 2009 EBRFSS does not have a sufficient sample to provide data for any age group under the age of 45. However the rates for the older age cohorts reveal very high rates of being overweight or being obese for those over the age of 44. As the following graph reveals, of those County residents over age 44, approximately 64% were either overweight or obese (36% overweight and 28% obese). The 2013 Prevention Goal for obesity is 15%.

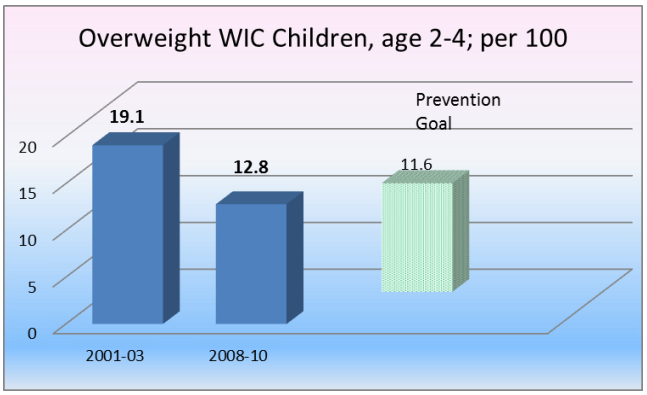
Data available from a 2007 survey of county adult residents, suggests that this risk factor may be getting worse. In response to the survey, 39.2% (a statistically significant increase from the 2003 EBRFS Survey) of the county adult residents answering stated that a member of their household was overweight and 22% stated that a member of their household was obese (because of the margin of error in surveys we cannot assume a 1% decline).



According to Obesity Data for Cayuga County 36.2% of pregnant woman in WIC were pre-pregnancy overweight, but not obese, during 2005-2007. This rate was higher than the state. The County statistics for this cohort improved dramatically in the 3 year period of 2007 – 2009, falling to 20.3%, significantly below the state rate of 26.5%. Yet, the more severe condition of obesity (pre-pregnancy) for county's women in WIC was 31.5%, higher than for the state (23.4%) and the region (28.2) during 2008-2010.

Overweight and Obesity, Children

Overweight, obesity, poor nutrition, lack of exercise and diabetes were cited as some of the most serious health care issues for local children in a Cayuga County 2004 survey completed by school nurses. In addition, rising blood pressure and cholesterol in children were cited as emerging issues for children.

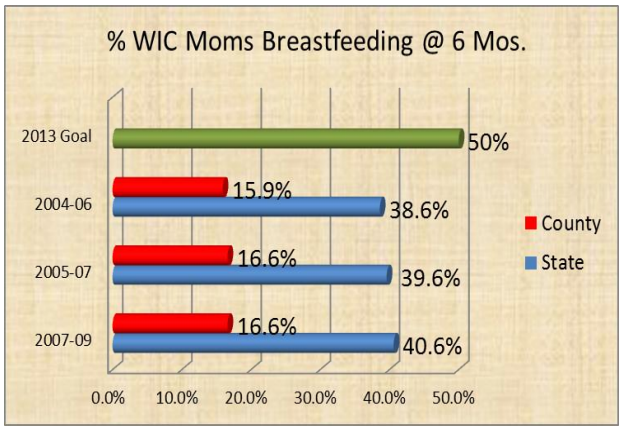


There has been improvement over the decade in the percent of children enrolled in WIC ages 2-4 years (that were tested) who were obese. From 2001-03 to 2008-10 the rate dropped from 19.1 per 100 children enrolled to 12.8. The county rate during 2001-03 was higher than the upstate rate, however, the latest data shows the county rate lower than the upstate rate of 15.2, lower than the region (13.9). The 2013 Prevention goal is 11.6.

According to 2008-2010 NYSDOH community health indicator data, 21.7% of all county school students (elementary, middle and high school) were obese. The county was the second highest in the state, excluding NYC. Unlike other counties, Cayuga had a higher percent of obese children in elementary school.

Breastfeeding

The benefits of breast feeding are well documented. According to data during 2005-2007, only 16.6% of WIC mothers were breastfeeding at six months compared to 39% in the state. The 2013 prevention goal is 50%. In addition, only 7.7% were breastfeeding at least 12 months compared to 21% state-wide. The 2007-2009 data showed no improvement for County moms' breastfeeding. The County percent continued to be stable at 16.6% contrary to the statewide trend which has continued to improve over the decade.



UNINTENTIONAL INJURY

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
Unintentional Injury mortality (per 100,000) [12]	17.1†*	37.0* (2009)	20.5* (2009)	37* (2008-2010)
Unintentional Injury hospitalizations (per 10,000) [13]	44.5*	-	64.0* (2010)	54.5* (2008-2010)
Motor vehicle related mortality (per 100,000) [12]	5.8*	11.7* (2009)	6.1* (2010)	15.9* (2008-2010)
Pedestrian injury hospitalizations (per 10,000) [13]	1.5*	-	1.7* (2009)	0.8~* (2007-2009)
Fall related hospitalizations age 65+ years (per 10,000) [13]	155.0	-	204.7 (2009)	174.6 (2008-2010)

Unintentional Injuries – Adult Hospitalizations and Mortality

Comparing data from 1996 through 2005, the number of discharges due to unintentional injuries has been fairly consistent. Recent data suggests some improvement. During 2006 - 2008, the county age adjusted rate of unintentional injuries was 63.8 per 10,000 residents. This was similar to the state rate (64.8). Data from 2008-2010 showed some decrease to 54.5 per 10,000. This indicator continues to be one to monitor, especially in light of the NYS 2013 Prevention Goal is 44.5 per 10,000.

Comparing mortality, due to unintentional injuries, data from the mid 1990's to 2006, the number has ranged from 65 -75 deaths per three year period. The county rate has ranged from 24.7 to 29.1 deaths per 100,000. For the most recent period, 2008-10 the mortality rate for county residents from unintentional injury rose to 37, the highest in the last 16 years. New York State's rate's was 20.5 while the 2013 Prevention Goal is 17.1 per 100,000, both significantly lower than the county rate.

Unintentional Injuries/Motor Vehicle

According to the CDC, unintentional injury from motor vehicle accidents was the 4th leading cause of nonfatal injuries nationwide, for ages 15 and older.

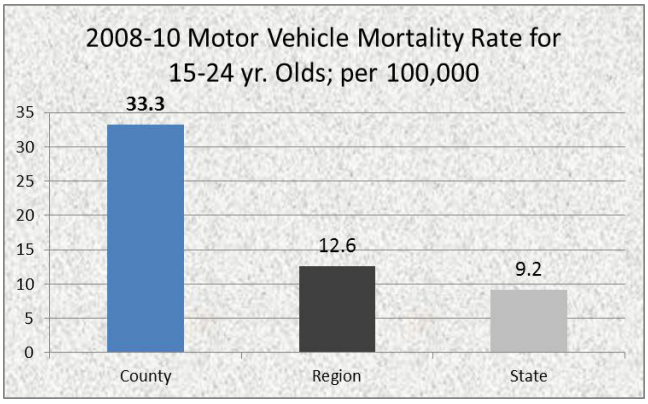
National Estimates of the 10 Leading Causes of Nonfatal Injuries Treated in Hospital Emergency Departments, United States, CDC – 2010

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65 +	Total
1	Unintentional Fall 146,804	Unintentional Fall 970,793	Unintentional Fall 649,460	Unintentional Fall 627,418	Unintentional Struck By/Against 1,039,307	Unintentional Fall 834,102	Unintentional Fall 794,258	Unintentional Fall 988,097	Unintentional Fall 860,611	Unintentional Fall 2,350,009	Unintentional Fall 9,146,026
2	Unintentional Struck By/Against 32,933	Unintentional Struck By/Against 397,005	Unintentional Struck By/Against 421,482	Unintentional Struck By/Against 613,885	Unintentional Fall 924,187	Unintentional Overexertion 680,337	Unintentional Overexertion 582,155	Unintentional Overexertion 485,080	Unintentional Struck By/Against 247,623	Unintentional Struck By/Against 254,596	Unintentional Struck By/Against 4,565,133
3	Unintentional Other Bite/Sting 11,937	Unintentional Other Bite/Sting 157,756	Unintentional Cut/Pierce 116,067	Unintentional Overexertion 309,961	Unintentional Overexertion 752,572	Unintentional Struck By/Against 647,509	Unintentional Struck By/Against 488,626	Unintentional Struck By/Against 421,944	Unintentional Overexertion 241,380	Unintentional Overexertion 196,972	Unintentional Overexertion 3,430,040
4	Unintentional Foreign Body 10,221	Unintentional Foreign Body 140,687	Unintentional Other Bite/Sting 101,982	Unintentional Cut/Pierce 137,375	Unintentional MV-Occupant 741,398	Unintentional MV-Occupant 587,529	Unintentional MV-Occupant 437,360	Unintentional MV-Occupant 386,741	Unintentional MV-Occupant 226,750	Unintentional MV-Occupant 194,850	Unintentional MV-Occupant 2,764,332
5	Unintentional Other Specified 9,594	Unintentional Overexertion 95,002	Unintentional Pedal Cyclist 82,145	Unintentional Pedal Cyclist 110,602	Other Assault* Struck By/Against 509,388	Unintentional Cut/Pierce 413,117	Unintentional Cut/Pierce 319,336	Unintentional Cut/Pierce 292,052	Unintentional Cut/Pierce 182,614	Unintentional Cut/Pierce 140,823	Unintentional Cut/Pierce 2,143,400
6	Unintentional Fire/Burn 8,046	Unintentional Cut/Pierce 87,015	Unintentional Overexertion 80,667	Unintentional Unknown/ Unspecified 96,919	Unintentional Cut/Pierce 448,110	Other Assault* Struck By/Against 354,320	Unintentional Other Specified 228,854	Unintentional Other Specified 268,682	Unintentional Other Specified 114,117	Unintentional Poisoning 89,706	Other Assault* Struck By/Against 1,439,235
7	Unintentional Cut/Pierce 6,891	Unintentional Other Specified 73,524	Unintentional MV-Occupant 65,611	Unintentional MV-Occupant 82,439	Unintentional Other Specified 253,982	Unintentional Other Specified 227,591	Other Assault* Struck By/Against 217,057	Unintentional Poisoning 180,548	Unintentional Poisoning 94,553	Unintentional Other Bite/Sting 75,349	Unintentional Other Specified 1,278,313
8	Unintentional Inhalation/ Suffocation 6,354	Unintentional Fire/Burn 52,367	Unintentional Foreign Body 61,816	Other Assault* Struck By/Against 81,053	Unintentional Other Bite/Sting 187,654	Unintentional Other Bite/Sting 178,893	Unintentional Other Bite/Sting 139,579	Other Assault* Struck By/Against 172,185	Unintentional Other Bite/Sting 91,889	Unintentional Other Transport 71,200	Unintentional Other Bite/Sting 1,145,713
9	Unintentional Overexertion 5,849	Unintentional Poisoning 43,939	Unintentional Dog Bite 42,199	Unintentional Other Bite/Sting 60,875	Unintentional Unknown/ Unspecified 158,726	Unintentional Poisoning 126,889	Unintentional Poisoning 137,559	Unintentional Other Bite/Sting 139,798	Other Assault* Struck By/Against 56,834	Unintentional Other Specified 57,118	Unintentional Poisoning 831,295
10	Unintentional MV-Occupant 5,555	Unintentional Unknown/ Unspecified 42,080	Unintentional Other Transport 41,378	Unintentional Other Transport 48,822	Unintentional Poisoning 133,613	Unintentional Unknown/ Unspecified 104,324	Unintentional Unknown/ Unspecified 81,659	Unintentional Other Transport 76,369	Unintentional Other Transport 50,145	Unintentional Unknown/ Unspecified 50,813	Unintentional Unknown/ Unspecified 687,871

*The "Other Assault" category includes all assaults that are not classified as sexual assault. It represents the majority of assaults. Data Source: NEISS All Injury Program operated by the Consumer Product Safety Commission (CPSC). Produced by: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC using WISQARS™

Motor vehicle crashes are the leading cause of death among teens in the United States, accounting for approximately one third of deaths in this age group. Crash risk is highest during the first years of independent driving. Utilizing data from the Fatality Analysis Report System (FARS) for 2004 - 2008, the CDC reported in October of 2010 that the number of fatal car crashes by 16- and 17-year-old U.S. drivers, mostly male, decreased nationwide by 36 percent — from 2,230 to 1,437. The frequency of vehicular deaths involving teens varies significantly by states; New York having the lowest incidence at 9.2 deaths per 100,000 crashes.

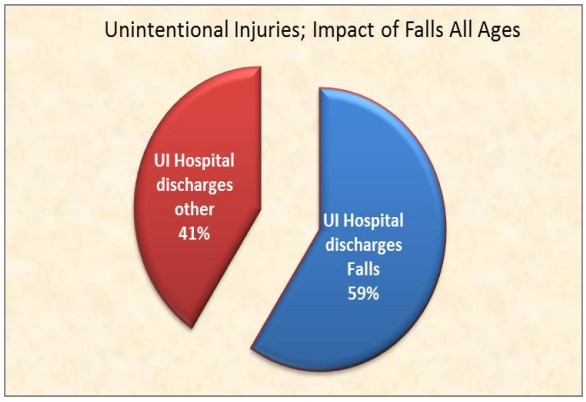
Motor vehicle related mortality rates have gradually increased over time. During 2001-2003 the rate was 9.8 deaths per 100,000 residents. It increased to 12.1 in 2006-2008, twice the rate of the state. During 2008-2010 the data shows a further increase to 15.9 per 100,000 residents. The county rates were significantly higher than the state's 6.1 (2010) and higher than the Prevention Goal of 5.8. While the numbers are small, Cayuga County had a mortality rate from motor vehicle crashes, for young adults ages 15-24, during 2008-2010 that was over three times the state rate (33.3 for the county, 12.6 for the region and 9.2 for the state).



Unintentional Injuries and Older Adults

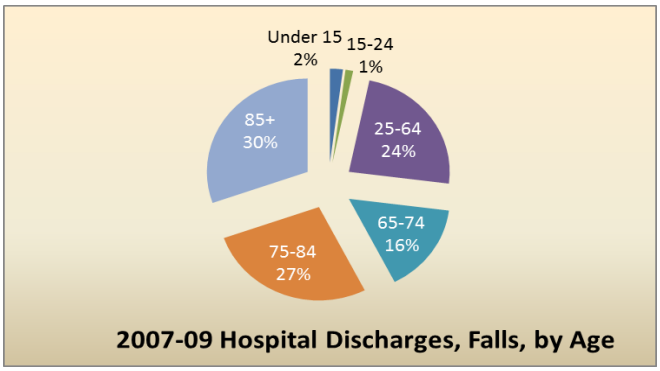
Falls

National estimates from 2010 (see preceding CDC chart) report that unintentional falls are the #1 leading cause of nonfatal injuries treated in hospital emergency rooms for all ages except ages 15-24 (for which it is the 2nd leading cause). It is an issue across the population.



As the result of new data provided by the NYS Department of Health in 2011, counties have a picture of what unintentional injuries look like locally. In Cayuga County, 58%, the substantial majority, of all hospital discharges for unintentional injuries are due to falls (2009 SPARCS data). The picture is not positive for the county. It had the third highest rate of hospital discharges, resulting from falls, for its region (Region 3), from 2007 through 2009 (crude rate applied). The county rate was approximately 9% higher than the region. Further, the 2008 data suggests that Cayuga County adults were 37% more likely to fall and were 29% more likely to experience a fall that resulted in an injury than adults statewide.

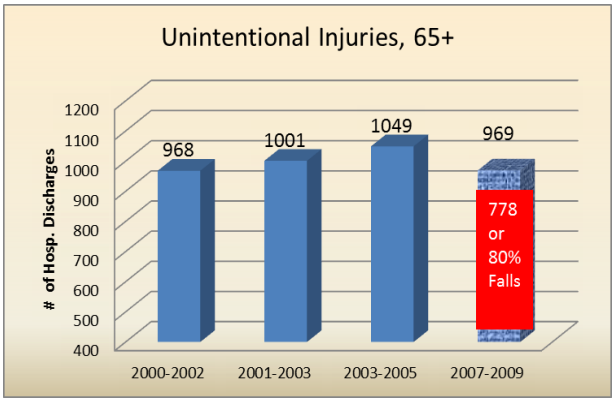
Falls are the most common type of unintentional injury for older persons. County data collected during 2007-2009 substantiated that premise. Falls for those ages 64 and younger represented 27% of hospital discharges for unintentional injuries while falls for the 65+ age group represented 73%. Their rate of hospitalization, due to falls, is 9 to 10 times greater than for those ages 64 and under.

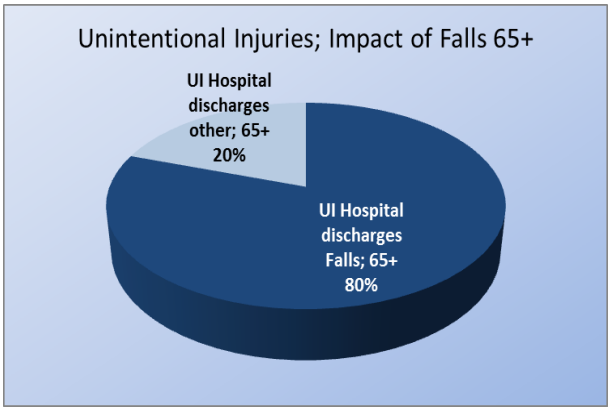


Falls 65+

Falls are very often devastating to older adults as they are frequently the precursor to declining mobility and declining independence. For older adults, falls are a primary reason for increasing frailty, disability and lost independence, dramatically reducing their quality of life and adding substantially to health care costs. CDC statistics show that falls are for those ages 65 and older. Yet, injuries are predictable and preventable events. According the NYSDOH (2005-2007), an average of 894 NYS residents age 65+ die as a result of an injury sustained falling every year (an average of 2.5 deaths per day).

The number of hospital discharges due to unintentional injuries for the age 65 and older population in Cayuga County has increased continually over time, with the exception of the most recent data from 2007-2009. The worst span of time was 2003-2005 with a record high of 1049 discharges. While the 2007-2009 showed a decrease from the 2003-2005 timeframe, the percent from falls actually increased (to 80%). In addition, the county's rate continued to be higher than the region and the state.





Falls represented 80% of the 969 hospital discharges for unintentional injuries for the 65+ residents of Cayuga County during 2007-2009. These 778 hospitalizations for falls were costly to the older person and to the health care system. Applying national health care costs, a working estimate of the annual cost in Cayuga County for older adults who were hospitalized for a fall is approximately $19-$20 million annually (2010 dollars).

The county has a rapidly growing older adult population. The cohort with the greatest rate of hospitalizations for falls is also the cohort that is the fastest growing, those over 85. The rate rose from 610.4/10,000 age 85+ during 2003-2005 to 629.6 /10,000 age 85+ during 2004-2006. With the 2007-2009 there was some good news, the rate for this cohort dropped to 528. The county rate for 2007-2009 was statistically the same as the region.

A positive sign is the reduction in fall related hospitalization for the county's older adult population (age 65+). The rate dropped to 209 per 100,000 residents (2007-2009) from 222.5 during 2004-2006. It does, however, remain higher than the state rate of 204.7.

The falls data combined with the aging of the county's population reveals a worsening trend. Without intervention, the number and rates of hospitalization for falls will escalate in the coming years. Fortunately, many groups nationally, including the NYS DOH Bureau of Injury Prevention, have been working on the issues of falls prevention for persons of all ages. The products of their work will be one of the resources the county can utilize as it addresses this issue.

HEALTHY ENVIRONMENT

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
Incidence of children <72 months with confirmed blood lead level >= 10 µg/dl (per 1,000 children tested)	0.0†	8.3 (2008)	11.1 (2006-2008)	12.6 (2008-2010)
Asthma related hospitalizations (per 10,000)				
Total	16.7*	15.2* (2007)	21.5*	8.3 * (2008-2010)
Ages 0-17 years	17.3†	18.0 (2006)	27.1 (2010)	11 (2008-2010)
Work related hospitalizations (per 10,000 employed persons aged 16+ years)	11.5	-	15.7 (2007-2009)	40.9 (2007-2009)
Elevated blood lead levels (>25 µg/dl) per 100,000 employed persons age 16+ years	0.0†	-	3.4 (2008-2010)	7.0~ (2008-2010)

Asthma

There has been a steady decrease over time in the asthma related hospital discharge rate for children ages 0- 4 per 10,000. It has decreased from 46.2 to 22.9, closer to the prevention goal of 17.

Asthma Related Hospital Discharge Rate for Children Ages 0- 4 per 10,000

	2001 – 2003	2002-2004	2005-2007	2007-2009
County	46.2	35.4	24.9	22.9
Region	39.4	37.8	29.9	28.6
Prevention Goal	17.0	17.0	17.0	17.0

The EBRFSS reported that for 2008 - 2009 the rate for asthma among adult county residents was significantly greater than for their statewide peers. County adults had a rate of 12.4% (this rate suggests continued progress) which is 30% higher than adults statewide. Finally, in a survey of County adult residents, conducted in 2007 by the Community Health Network, 23.4% of the respondents reported that at least one member of their household had experienced asthma in the past year. This was the 4th most frequently reported chronic disease in the survey.

Lead Poisoning

Lead poisoning causes irreversible brain damage that leads to lowered IQ, difficulty reading, poor impulse control, and attention deficits. Adults who were poisoned as children suffer increased osteoporosis, kidney damage, and heart damage.

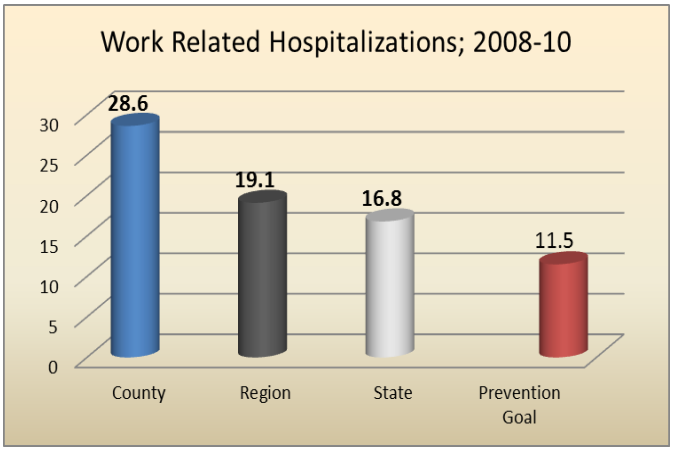
Based on NYSDOH data, Cayuga County has a historically high screening rate (the second highest among the 57 counties outside New York City). Anecdotal information suggests that screening rates are higher in the cities (Auburn), among Medicaid recipients and rural Mennonite families.

Identifying homes with exposed lead paint, dust, or soil, finding the hazards, and safely remediating the hazardous conditions is straightforward, well-understood, and practical. Addressing lead hazards is the only way to prevent lead poisoning. While lead poisoning rates have declined in recent years, there are currently limited resources in Cayuga County for identifying lead hazards, lead safe work practices, or lead hazard reduction. Outside of public housing, there are no grant or subsidy programs for supporting lead hazard control, nor are there legal requirements to address lead hazards.

According to Occupational Health Indicator data, elevated blood levels (greater than 25 ug/dl) per 100,000 employed persons age 16 plus in the county, have, over time, been higher than the state. For the period of 2004-2010 the rate has averaged 8.5, the state rate dropped to 3.4.

Work Related Hospitalizations

Data collected on work related hospitalizations per 10,000 employed persons aged 16 plus is concerning. The county rates have, historically, been higher than upstate rates. The latest data for the period of 2008-2010 reports the county rate as 28.6 per 10,000, the regional rate of 19.1, and the state rate of 16.8. The 2013 Prevention Goal is 11.5. The 2008-10 rate was 33% higher than the region and more than 41% higher than the state.



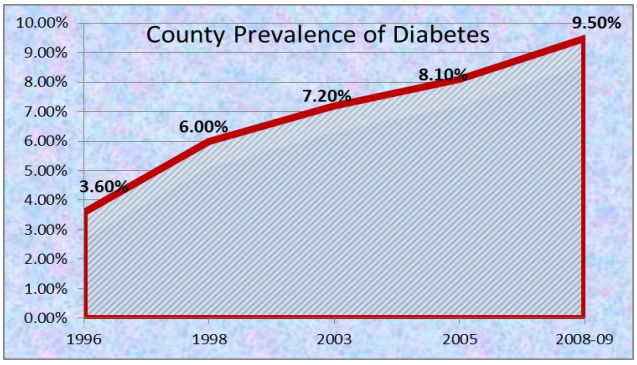
CHRONIC DISEASE

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
Diabetes prevalence in adults [1]	5.7%	8.7%[a] (2010)	8.9% (2010)	9.5% * (2009)
Diabetes short-term complication hospitalization rate (per 10,000) [4]				
Age 6-17 years	2.3	2.8	3.0	4.2 (2008-2010)
Age 18+ years	3.9	6.0 (2008)	5.8 (2010)	3.8 (2008-2010)
Coronary heart disease hospitalizations (per 10,000)	48.0	-	43.8* (2010)	39.7 * (2008-2010)
Congestive heart failure hospitalization rate per 10,000 (ages 18+ years)	33.0	38.4 (2008)	40.1 (2010)	38.1 (2008-2010)
Cerebrovascular (Stroke) disease mortality (per 100,000)	24.0*	39* (2010)	27.5* (2010)	33.7 * (2008-2010)
Cancer mortality (per 100,000) [2]				
Breast (female)	21.3* †	22.8*	21.4*	16.9 *(2007-2009)
Cervical	2.0* †	2.4*	2.1*	2.4* *(2007-2009)
Colorectal	13.7* †	16.7* (2007)	15.6* (2008)	17.2 * (2008-2010)

Diabetes

The Centers for Disease Control and Prevention estimates that more than 17 million (2012 estimate) Americans have diabetes. A dramatic new projection suggests the number could grow to 29 million by mid-century if current trends continue. The new CDC calculation accounts for people who have diabetes but are undiagnosed — a group that wasn't figured into earlier estimates as well as new population growth estimates for the elderly and minorities, who have higher rates of Type 2 diabetes. Type 2, now accounts for about 95 percent of cases where the body's cells resist insulin's attempts to transport sugar. Type 2 is most common in people who are overweight and obese, in people 60 and older, in African-Americans and other minority groups. The growth in U.S. diabetes cases has been closely tied to escalating obesity rates. Recent CDC data suggests obesity rates may have leveled off. But the new estimates should hold up even if obesity rates remain static. (Associated Press, 2010) This new estimate impacts the trends of heart disease and mortality as well. Diabetes is the sixth leading cause of death and the primary cause of blindness, nontraumatic amputations of lower limbs, and kidney failure among adults (CDC, 2012).

The prevalence of diabetes in the county's population has nearly tripled since the mid-1990s. According to EBRFSS data, the prevalence of diabetes among adults age 18 and older in NYS (persons who have been told by a doctor that they have diabetes) was 3.6% in 1996. The EBRFSS Report, July, 2009, reports that Cayuga's prevalence rate for diabetes continues to rise; with a rate of 9.5% for 2008 – 2009 (approximately 6,200 residents, plus an estimated 2,000+ living with diabetes but are undiagnosed). The state rate was 9% in 2008 – 2009. The 2013 Prevention Goal is 5.7%. As the rates of overweight and obesity climb, the rate of diabetes can be expected to increase. Data from the CDC suggests that the number and percent is likely to be significantly higher due to residents living with diabetes who do not have a diagnosis. Of real concern is the high rate of diabetes among youth (ages 6 to 17), at 6% it is nearly double the state rate.

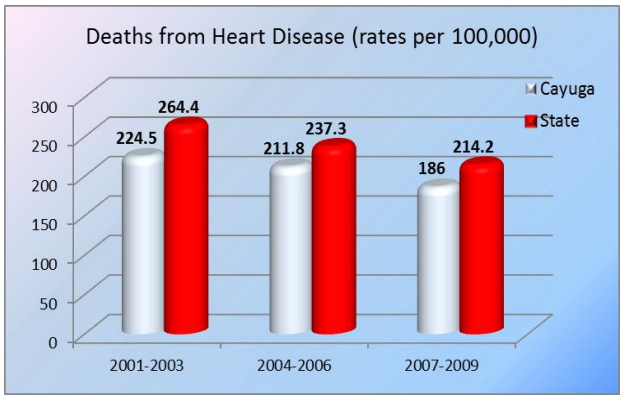


In a 2007 survey by the Community Health Network of County adult residents, 24.5% of the respondents reported that at least one member of their household had experienced high blood sugar in the past year. This was the 3rd most frequently reported chronic disease in the survey.

Diabetes Hospitalization and Mortality Rates

Data on mortality and hospitalizations due to diabetes have shown improvement over time. Hospitalization rates for the county dropped from 15.2 per 100,000 during 2001-2003 to 12.9 during 2004-2006. And, this trend continued with the data from 2007-2009 when the County rate declined to 11.7. Mortality rates for the county dropped from 24.6 per 100,000 during 2001-2003 to 18 during 2004-2006 (lower than the regional rate of 19.5 and the state rate of 18.7). This trend continued in 2007-2009 with the death rate declined to 14.9 (adjusted rate).

Heart Disease



Diseases of the heart, as a cause of death, have showed a decline within the county, changing from 365.4 per 100,000 population in 1994 to 224.5 during 2001-2003. During 2001 -2003, the county's death rate was lower than the region 233.2 and the state 264.4. The positive trend has continued. As of 2007-2009 deaths within Cayuga County from heart disease was half of what it was in the 1990s, with the rate of death falling to 186. The County continued to compare favorably with the state rate of 214.2. All rates are age adjusted.

Cardiovascular Heart Disease/Coronary Artery Disease (CAD)

Cardiovascular Heart Disease includes all diseases of the heart including Coronary Artery Disease, CAD. CAD occurs when plaque builds up in the arteries that supply blood to the heart, most commonly causing angina. The weakened the heart muscle may lead to the heart being unable to adequately pump blood and therefore congestive heart failure, an irregular heartbeat, or arrhythmia.

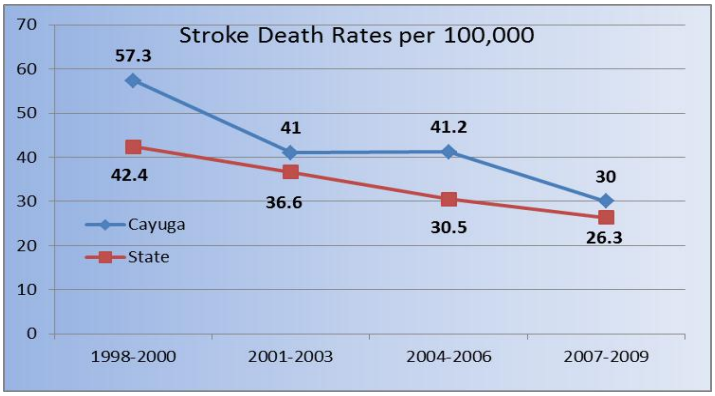
Over the last decade the County's hospitalization rate per 10,000 for cardiovascular disease has gradually decreased in upstate and the County dropping from 200.4 to 156.5. The County death rate from cardiovascular disease for the same timeframe has also decreased upstate and for the county though not as significantly. The death rate dropped from 295.3 to 228.4.

Cayuga County had a hospitalization rate for CAD approximately 24% higher than the state's rate during the three years, 2004 - 2006. During that time the county rate was 75.7/10,000 hospitalizations and the state rate was 61.2. By 2007-2009 the county rate for hospitalizations from CAD had significantly declined to 48 (effectively the same as the state rate of 47.3). The 2013 Prevention Goal is 48. Correspondingly, the EBRFSS reported that in 2008 - 2009, the county prevalence rate for coronary heart disease was 6.8% (age adjusted), the state rate was 6.3% (age adjusted).
Mortality from heart disease has been declining during the past 5 years. In 2005 there were 226 deaths from diseases of the heart. In 2009 that number dropped to 186.

There has been gradual increase over time in the county's congestive heart failure hospitalization rate from 20.4 per 10,000 to 29.1 (ages 18+) yet a gradual decrease upstate and state-wide.

Cerebrovascular Disease/Stroke

Cerebrovascular disease relates to disease of the vessels which supply blood to the brain. This leads to is a group of brain dysfunctions, primarily stroke. Historically the death rates were higher for the county than the state. During 1998-2000, there were 161 deaths due to cerebrovascular disease/stroke in Cayuga County. The death rate per 100,000 residents was 57.3 for the county and 42.4 for the state. During 2001-2003, there were 122 deaths for a county death rate per 100,000 residents of 41 and 36.6 for the state. During the three years from 2004 - 2006 the county's death due to stroke remained unchanged at 41.2 per 100,000 residents while the state rate improved to 30.5. From 2007-2009 the County's positive rate of decline resumed, falling to 30, very close to the state rate of 26.3.



Cancer

A 2007 survey, by the Community Health Network, noted that 38.6% of those adult County residents stated that they believed cancer was one of the 3 most significant health problems in the county. Cancer received the 2nd highest percent of those surveyed citing this as a problem. In the same survey, 86.6% of the respondents said there was a need for cancer detection and treatment to be available in Cayuga County. Cancer deaths declined from 2005 to 2008. From 2008-2009 the death rate remained largely unchanged.

Lung and Bronchus Cancer (see Tobacco)

Uterine Cervical Cancer

While the numbers have been small the county incidence rate of uterine cervical cancer has increased slightly over time from 11 per 100,000 to 12.8 over the decade. The state rate has remained stable at 8.5. Unfortunately, early stage cervical cancer diagnosis rates for the county have decreased over time from 66.7% during 2007-09 to 44.4% during 2008-2010. This rate has now fallen well below the 2013 prevention goal of 65%.

Breast Cancer

Breast cancer is an area for on-going diligence in prevention. The county's incidence rates for breast cancer have only varied some during the last decade. For the period of 2007-2009 the county rate was 139.3 per 100,000 female residents. This was higher than the regional rate of 123.7, the upstate rate of 137.9 and the state rate of 126.9. The early stage diagnosis rate of 65.3% for the county during this period was below the Prevention Goal of 80%.

Female breast cancer mortality has very gradually increased over the past decade. Three year averages rose from 13.5 per 100,000 women in early 2000 to 16.8 during 2007-09 in the county. The county rate for 2007-09 was lower than the region (20), upstate (22.2) and the state (21.7). The 2013 Prevention Goal is 21.3.

Colon and Rectal Cancer:

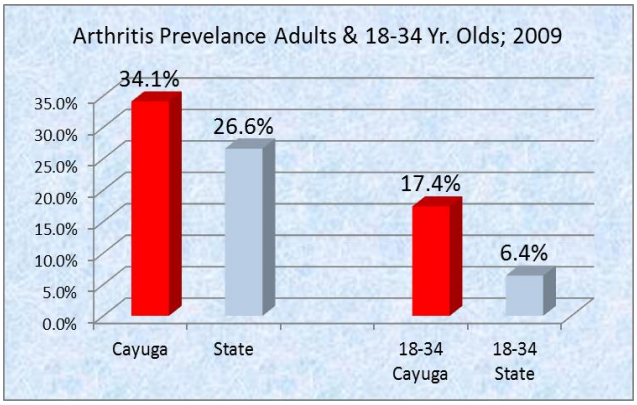
According to the Cancer Registry, there has been a gradual decrease in the incidence of colon and rectal cancer in upstate New York and the county. The three year average in 2001 for the county was 59.9 per 100,000 and an average of 42.7 in 2008. The same trend is evident for colon and rectum cancer mortality. The three year average in 2001 for the county was 21.1 deaths per 100,000 and an average of 14.7 in 2008. The county rate was below the state average of 15.8 for this same period but still above the 2013 prevention goal of 13.7.

The percentage of early stage diagnosis for colorectal cancer for the county was very positive when compared to the state. The county averaged 50.3% during 2004-08 and the percentage increased to 62.9% during 2008 to 2010. The state percentage for 2009 was 43.6. The 2013 prevention goal is 50%. Because colon cancer can have no symptoms until its later stages, screening tests for early detection are critical. According to the 2008-09 EBRFSS, 71.3% of adult residents, aged 50 years and

older, had ever had sigmoidoscopies or colonoscopies in Cayuga County. The percentage for those state-wide was 66.6%.

Arthritis

As the leading cause of disability in New York, arthritis is a major health concern. This chronic, painful disease affects about 4.7 million adults and, as the state's population ages, the numbers are expected to increase. Of those 4.7 million adult New Yorkers, 1.5 million are age 65 and older. More New York women are living with arthritis than men, with 36% of female respondents stating that they have some form of arthritis or chronic joint symptoms. We also know that New York adults who are overweight or obese experience more arthritis than those who are not.

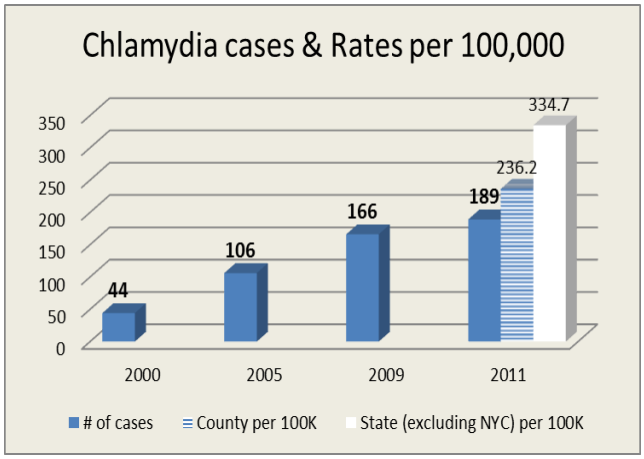


While the rate for chronic joint symptoms in the county's adults is only somewhat higher than the statewide rate, the incidence of arthritis, in 2008-09 (as reported by the EBRFSS) among county adults was significantly greater (28% higher). The county's incidence rate for arthritis was 34.1% as compared to the statewide rate of 26.6%. There were remarkable disparities in the age cohorts of 18 to 34 year olds and 35 to 44 year olds. County residents 18 to 34 of age experienced arthritis at a rate nearly 3 times greater than their statewide peers. These county residents had a rate of 17.4% vs. the state rate of 6.4%. The 35 to 44 cohort experienced a rate almost a third higher at 21% compared to the state rate of 16.2%.

INFECTIOUS DISEASE

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
Newly diagnosed HIV case rate (per 100,000)[16]	23.0	17.4 (2009)	19.5 (2010)	6.7~ (2008-2010)
Gonorrhea case rate (per 100,000)[17]	19.0†	100.8 (2010)	94.3 (2010)	7.1 (2008-2010)
Tuberculosis case rate (per 100,000)[18]	1.0†	3.6 (2010)	4.9 (2010)	0.8~ (2008-2010)
% of adults 65+ years with immunizations [1]				
Adults with flu shot in the past year	90%†	67.5%a (2010)	68.3% (2010)	76.7% (2010)
Adults with pneumonia vaccination in the past year	90%†	68.8%a (2010)	66.1% (2010)	70.1% (2009)

Chlamydia



There has been an increase in cases of chlamydia since 2000 in the US and the state. This increase has primarily impacted the age 15 -24 age group and primarily females. In 2005 there were 106 reported cases of chlamydia in the county which were 62 more cases reported than in 2000 (a 140% increase). In 2009 the incidence of chlamydia jumped to 166 cases for a rate of 202.5 per 100,000 (132 female cases and 34 male cases). In 2011 the incidence of chlamydia continued to climb reaching 189 cases and a rate of 236.2 per 100,000 (the state rate, excluding NYC, was 334.7).

Lyme Disease

Lyme disease is spread to humans via a bite from an infected tick. The disease is notoriously difficult to diagnose. Without due diligence, individuals in high risk situations, a bite and early symptoms can go unnoticed in adults and children. Prevention and awareness are vitally important. If not treated promptly, Lyme disease can lead to complications involving the heart, nervous system, joints, and skin within weeks, months, or even years later. Symptoms can masquerade as those of the flu, according to the CDC, or be hardly noticeable at all (a change in mood or a general feeling of fatigue). If Lyme disease is diagnosed and treated quickly with antibiotics, most people recover fully and quickly, according to the CDC. But 10 to 20 percent of people have persistent chronic symptoms after antibiotic treatment. The disease can develop in several stages and may cause different symptoms, depending on how long the person has been infected and where in the body the infection has spread. Early disseminated Lyme disease is the second stage which may develop several weeks or months after becoming infected. Late persistent Lyme disease is the last and often the most serious stage of the disease. It may develop weeks, months, or (rarely) years after the initial infection.
The number and rate of Lyme disease incidence has increased over time in the state primarily from downstate and up the Hudson Valley. It will continue to proceed north and west. The number (and the rate of incidence) of cases in the county have been small. It had increased from one case in 2007 to 10 cases in 2009. However, travels within the state and to other high risk parts of the country, will impact the infection rate for the county's residents over time.

Immunizations – Older Adults

The percentage of older adults in the county immunized for influenza (77%) and pneumonia (70%) are below the prevention agenda goal of 90%. Influenza and pneumonia can be life threatening to older adults for influenza.

COMMUNITY PREPAREDNESS

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
% population living within jurisdiction with state-approved emergency preparedness plans [19]	100%	-	100% (2010)	100% (2010)

MENTAL HEALTH/SUBSTANCE ABUSE

Indicator	Prevention Agenda 2013 Objective	US	NYS	Cayuga County
Suicide mortality rate (per 100,000) [12]	4.8†*	11.7* (2009)	7.5* (2010)	11.1 * (2008-2010)
% adults reporting 14 or more days with poor mental health in last month [1]	7.8%	10.8%[a] (2008)	11.2% (2011)	14.8% * (2009)
% binge drinking past 30 days (5 + drinks in a row) in adults [1]	13.4%†	18.3%[a] (2011)	19.6% (2011)	23.2% * (2009)
Drug-related hospitalizations (per 10,000) [20]	26.0	-	25.7* (2010)	9.8 * (2008-2010)

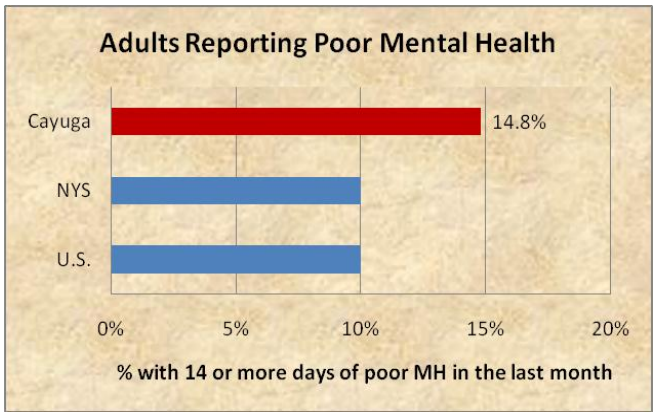
Mental Health

Suicide

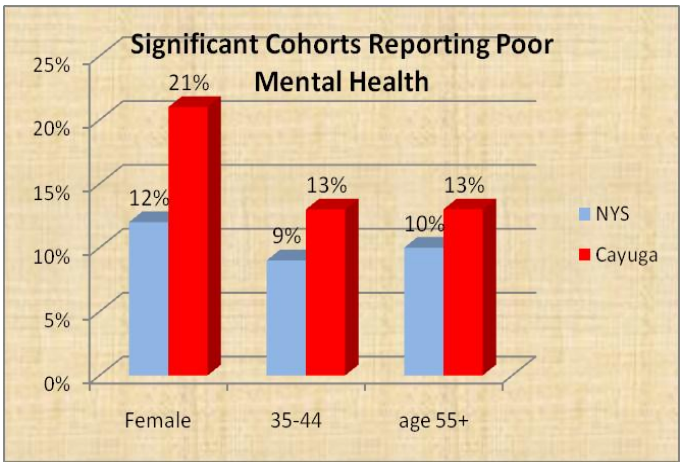
There has been an increase in the County's suicide rate which warrants concern. During 2004-06 the suicide rate was 6.8 per 100,000 and rose to 9.2 during 2007-2009 and again during 2008-2010 to 11.1 (a total of 27 suicides). The 2013 prevention goal is 4.8. The county rate was higher in comparing to the state rate of 7.5 for the year 2010. During 2011, county statistics gathered from three law enforcement agencies reported 9 suicides (8 males and 1 female). Only one suicide involved alcohol.

Poor Mental Health

In a 2007 survey of County adult residents by the Community Health Network, 24.5% of the respondents reported that at least one member of their household had experienced mental health problems in the past year. This (along with high blood sugar) was the 3rd most frequently reported chronic disease in the survey. Equally concerning is the data on general mental health generated by the 2008 - 2009 EBRFSS. While Cayuga County residents saw themselves as in "better health" than others in New York State (only 13.1% of the county respondents said their health was only fair or was poor as compared to 16.2% statewide), that was not the case when reporting on their "mental health". Cayuga



County was 50% above the State and the nation (and the nearby counties of Seneca, Wayne, Cortland and Onondaga) with residents reporting poor mental health. Nearly 15% (14.8% age adjusted) of Cayuga County adults reported that they experienced 14 or more "poor mental health days" in the previous month. Statewide, 10% of the respondents noted that they had experienced that level of poor mental health.

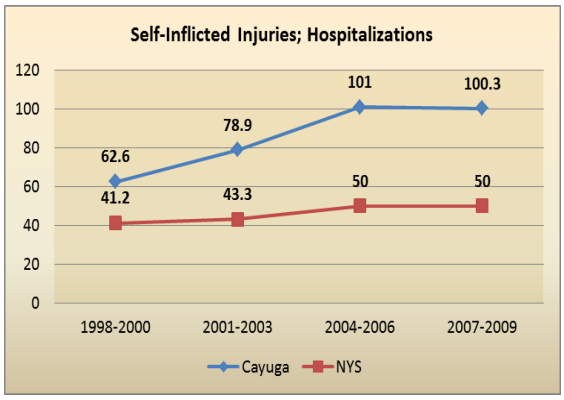


There were two County resident cohorts that stood out as especially subject to experiencing "poor mental health" (data from the 2008 – 2009 EBRFSS). Female county residents were twice as likely to report poor mental health then county males (21% vs. 9%). Further, the county's adult females were almost twice as likely to experience poor mental health as were their counterparts throughout the state. The age groups within the County reporting the highest level of poor mental health were 35 to 44 and the 55 to 64 age cohorts. The county 35 to 44 age group was 50% more likely to experience poor mental health than were their counterparts throughout the state (13% vs. 9%). The county 55 to 64 age group was 30% more likely to experience poor mental health than were their state counterparts.

The economic downturn has significant implications for individuals' mental health. The following are the observed results from previous recessions:

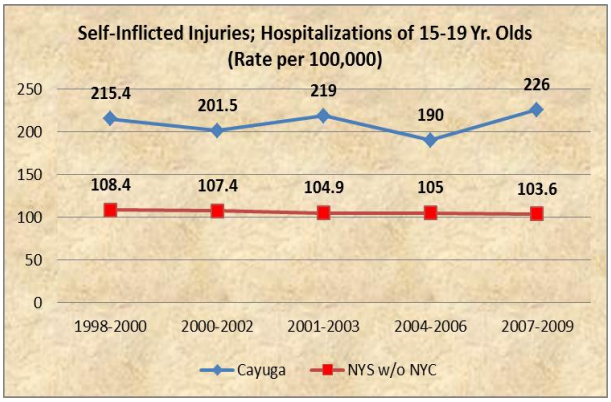
- Job loss creating a loss of identity
- Significant amount of change & uncertainty
- Heightened states of stress, anxiety, anger and frustration
- Depression (& suicide) increase (lasting into the economic upturn)
    - Strain on family dynamics - domestic violence (spousal, elder, child); behavioral issues in children
    - Increased petty crime
    - Violence in the workplace

Self-inflicted Injury Hospitalizations



County self-inflicted injury hospitalization rates have increased while state rates have not. During 1998-2000 the county rate was 62.6 per 100,000 population, the third highest in the region. The regional rate was 55.3 and the state rate was 41.2. During 2000 -2003 the county's rate was 78.9, the highest rate in the region. The three year period, 2007 – 2009 saw a leveling out of the rate of hospitalizations for self-inflicted injury with a rate of 100.3, however, it continued to be twice as high as the state rate of 50.

Self-inflicted Injuries by Youth

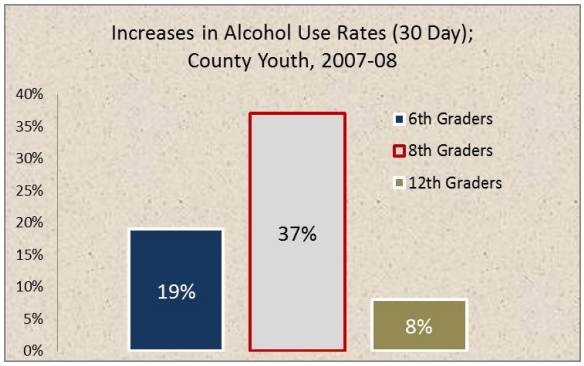


Hospitalizations for intentional, self-inflicted injuries by youth are small in number. However, the county rate has been twice that of upstate, the state and one of the highest rates state-wide. This has not improved over time. According to KWIC data set 2001-2003 data, Cayuga remained higher at a rate of 219/100,000 of 15-19 year olds. The upstate rate was 104.9 and the state rate was 98.7. Data from NYSDoH for 2004 – 2006 show that there were 33 youth ages 15-19 years hospitalized, a rate of 190 per 100,000, down from the previous three years, but still twice the state rate of 97 per 100,000. The rate for the state, excluding NYC, for this timeframe was 105 per 100,000. The drop to 190 per 100,000 youths 15 – 19 years in 2004 – 2006 appears to be an anomaly. The 2007 – 2009 rate has escalated to its highest point in over a decade (226 per 100,000 according to KWIC). Cayuga had the 8th highest rate of all New York Counties excluding NYC.

Alcohol and Substance Abuse

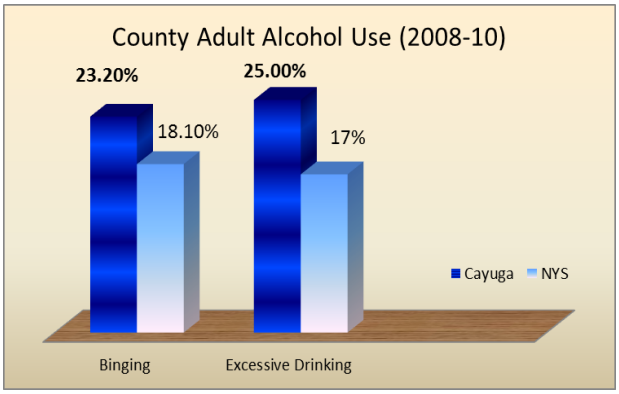
It is evident from the data that alcohol use warrants intense and sustained attention from the educational and human services community in Cayuga County.

In response to a county survey by the Community Health Network in 2007, 19.3% of the county adult residents answering stated that alcohol use was currently affecting the health of a member of their household. This response rate made alcohol use the 4th highest risk factor cited by the survey respondents.

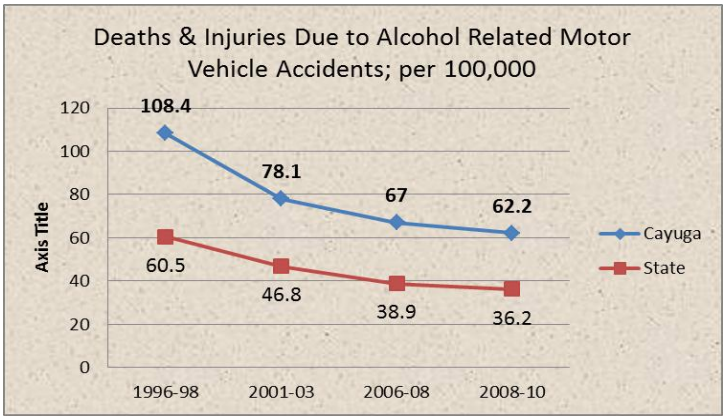


In another locally conducted survey (Partnership for Results) local youth reported that they were increasingly using alcohol. Over a one year period from 2007 to 2008, 19% more 6th graders were using alcohol, 37% more 8th graders were using alcohol and 8% more 12th graders were using alcohol. Many recent studies demonstrate the high potential for alcohol dependency at some point during the lifetime of youth who begin drinking before the age of 14.

The 2008 -2009 EBRFSS reflected that the binge drinking rate for Cayuga County adults of 23.2% was one of the highest in the state and 28% greater than the state rate (18.1%). The County rate for those who participated in heavy drinking is 52% higher than the state rate (Cayuga County 7.6% vs. the state rate of 5%). Data from countyhealthrankings.org shows a Cayuga County's "excessive drinking" rate (binge plus heavy drinking) of 25%, which is more than twice the rate in neighboring Seneca County (12%) and considerably higher than the state rate (17%). (Note Definitions: Heavy drinking: adult men averaging 2 alcoholic drinks per day within the past month [women averaging more than 1]. Binge drinking: adult men having 5 or more alcoholic drinks on one or more occasion within the past month [women having 4 or more]).



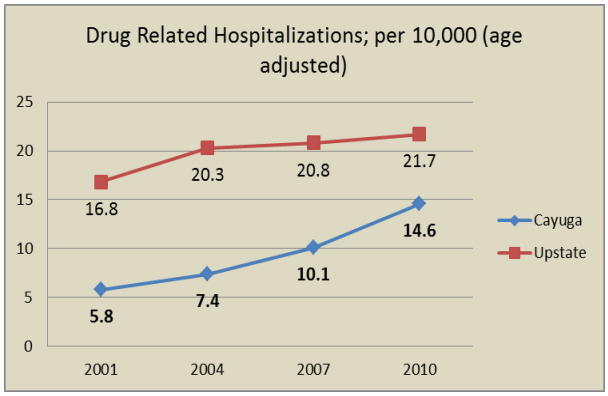
Alcohol and Motor Vehicle Injury/Death

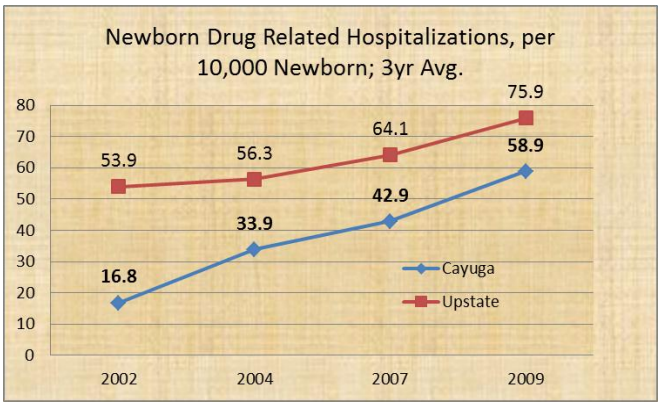


The county has continued to improve, over time, with the rate of deaths and injuries due to alcohol related motor vehicle accidents. During 1996-1998 Cayuga County had a rate higher than its region and New York State. This unfortunate distinction has remained constant. During 2001-2003, the county rate decreased to 78.1. During this timeframe Cayuga County had the third highest rate deaths and injuries due to alcohol related motor vehicle accidents in Region 3. The regional rate for 2001-2003 was 69.4 and the state rate was 46.8. During 2006-08 more progress was made. The county rate for these three years was 67, the state rate was 38.9 (the regional rate was 57.2). The 2008-2010 data confirmed the downward trend, with the County rate declining to 62.2.

Drug Related Hospitalizations

There has been a steady increase since 2001 in the county's drug related hospitalization rate for adults as well as newborns. While the numbers are small, the rate of increase is concerning. In 2001the rate per 10,000 of drug related hospitalizations in Cayuga County was 5.8. By 2010 that rate has nearly tripled to 14.6.

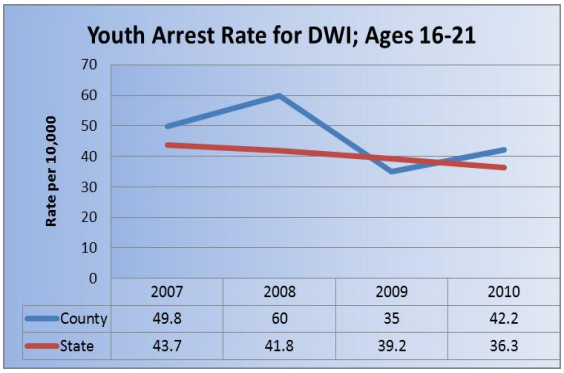




While the numbers are relatively small, the dramatic growth of newborn drug related hospitalizations per 10,000 for county residents is especially concerning. The newborn county rate was 16.8 in 2002. That rate nearly quadrupled by 2010 (using 3 yr. averages; 2009 includes 2010 data)

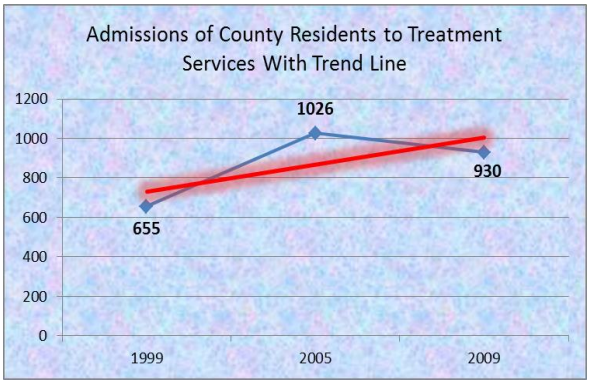
Intoxicated Youth and Arrests

According to KWIC data, the county arrest rate per 10,000 intoxicated youth, ages 16-21, was 49.8 in 2007 and a rate of 60 in 2008 (state was 41.8). For the year 2009, the arrest rate was 35 for the county and 39.2 for the state. In 2010 the County rate increased to 42.2 while the state rate continued to decline to 36.3.



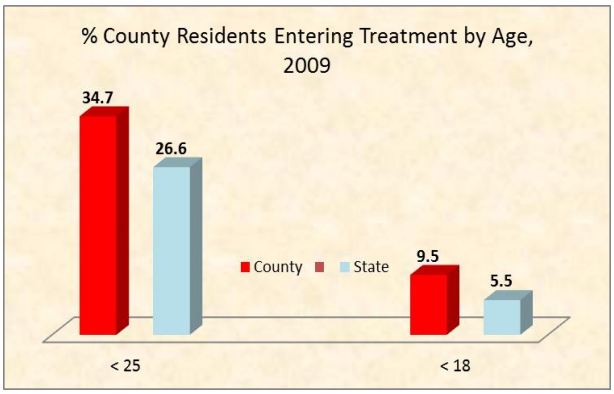
	2007	2008	2009	2010
County	49.8	60	35	42.2
State	43.7	41.8	39.2	36.3

Alcohol and Substance Abuse Treatment Use



According to the NYS Statistical Yearbook, admissions of county residents to alcohol and substance abuse treatment services trending upwards. During 1999 there were 655 admissions, in 2001 there were 724. Of these 724 admissions, 21.4% were youth under age 18. During 2003 there were 890 total admissions and 19.4% were youth under age 18. By 2005, 1,026 Cayuga County residents were admitted for treatment in that year. Of those admitted for treatment in 2005, 31.3% were under the age of 25.

In 2009, 930 individuals were admitted for treatment. Of those, 34.7% were under age 25. Those admitted for treatment that were under age 18 declined to 9.5%. More recent data was not available from the Statistical Yearbook for comparison. Further investigation is necessary to determine if this reality is a result of Cayuga County teens having better access to treatment or they have higher, more serious drug use rates.

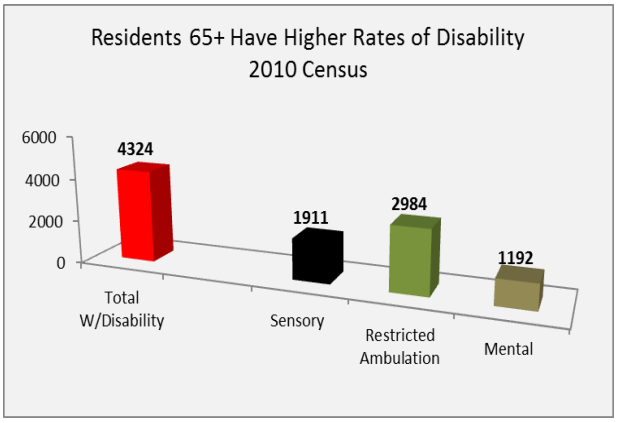


DISABILITIES AND AGING

Healthy People 2020 now includes two new goals concerning the wellbeing of older adults.

- Goal 1: Reduce the morbidity and costs associated with, and maintain or enhance the quality of life for, persons with dementia, including Alzheimer's disease.

- Goal 2: Improve the health, function, and quality of life of older adults.
    - Older adults are at high risk for developing chronic illnesses and related disabilities. These chronic conditions include: Diabetes mellitus, Arthritis, Congestive heart failure, and Dementia



According to the 2010 US census, of those age 65 and over (12,157), 37%, or 4,324, were non-institutionalized disabled in Cayuga County. The 2010 decline (from 39.5%) is an anomaly. The Baby Boomers are under 65 in 2010. There is a very large cohort in the 60 to 65 year olds that are already moving into the 65+ age bracket. The County should expect that rates of disability will escalate over the next decade. The County rate was higher than the state percent of 34%. Of the 4,324, 1,911 (44%) identified a sensory disability; 2,984 (69%) identified a physical disability which restricted ambulation; 1,192 (28%) identified a mental/cognitive disability; 732 (6.4%) identified a self-care disability.

Notes: Disabilities are not mutually exclusive. Definitions *

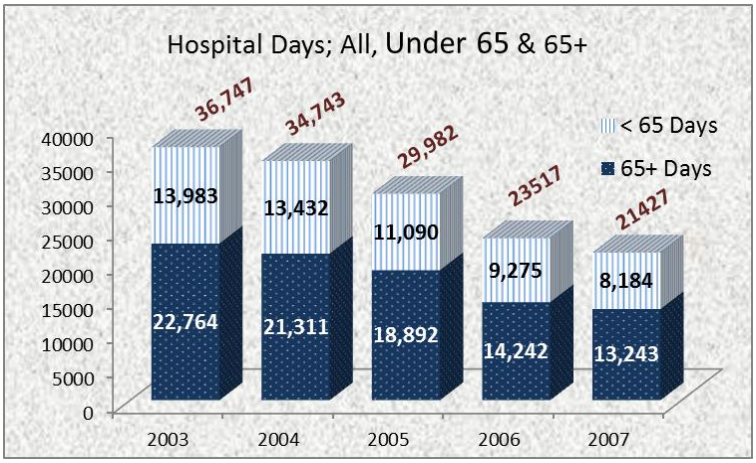
** Sensory: existence of long lasting blindness, deafness or a severe vision or hearing impairment. Physical: existence of long lasting condition which substantially limits one or more basic physical activity (walking, climbing stairs, reaching, lifting or carrying). A physical, mental or emotional condition lasting 6 months or more that made it difficult to perform the following 1. Learning, remembering or concentrating (mental disability); 2. Dressing, bathing or getting around the inside of the home (self-care disability); 3. Going outside the home alone to shop, or visit a Dr.'s office (going outside the home disability); 4. Working at a job or business (employment disability).*

Living alone compounds the challenge of living with disabilities. The Census reported 10.4% of the county's total household population lived alone. In comparison, 29.5% of those age 60 plus and 42.5%

of those age 75 plus lived alone in 2000. The likelihood of Cayuga's older residents having disabilities is high as is the likelihood of their living alone.

The percentage of older adults living with diabetes vs. those who are not, will shift significantly by 2015 with nearly all of the New York State counties having 20% or more of their population comprised of people age 60 years or older. It is estimated that the number of people age 85+ will grow by 29% by 2015 in New York State. Applied to Cayuga County the census numbers and growth estimates are: 1040 age 85+ in 1990; 1,524 in 2000, 1914 in 2010 and 1975 in 2015. This represents an increase of 90%. This cohort will experience numerous disabilities.

Health Care Utilization by Older Adults



The impact in the percent of the population age 65+, with special emphasis on the 85+, living in Cayuga County has the potential to significantly change the complexion of the community: its economy, health care and social services systems, its family systems, its work force, etc.

The health care system is currently well-used by our aging residents. Older adults, have much higher rates of hospitalizations for unintentional injuries (see earlier section on falls), and chronic diseases. While the utilization of hospital bed days has been in substantial decline, the % of those bed days consumed by older adults has remained constant at 62%.

Data reveals that approximately 40% of those hospitalized for diabetes related illness were those persons age 60 and older in Cayuga County. In addition, those age 65 and older are the patients whose hospital length of stay is likely to be the longest, 20 days or longer. Utilization of hospitals is in marked decline. In the four years covering 2003 – 2007, hospital bed days, used by county residents, declined by 42%. Older adults residing in Cayuga County consume 62% of all hospital bed days. That remained constant during the 2003 – 2007 time period.

Cayuga County, according to data from countyhealthrankings.org, has an excessively high rate of preventable hospital stays (88 per 1,000 for Medicare enrollees; significantly higher than the Seneca County rate of 58 and a state rate of 69).

The chart which follows shows, nationally, the diseases/impairments that result in the longest length of stay in the hospital for older adults. Of particular concern are the diagnoses of Psychoses and Dementia. The number of persons experiencing diseases of the brain and dementias are growing very rapidly. Additionally, while the length of stay is on the lower end, the rates of admissions for unintentional injury, falls in particular, are also escalating as our population grays.

Hospital Discharges: Persons 65+, Average Length of Stay and Days of Care by First-Listed Diagnosis, Age, and Sex. United States, 1970-2004. NHDS, NHCS (HDL04)					
Year	2000	2001	2002	2003	2004
Malignant neoplasms	7.2	7.4	7.5	7	6.9
-Malignant neoplasm of large intestine and rectum	9.2	9.1	9.3	8.8	9.4
Psychoses	9.9	10	9.8	9.3	9.8
Alzheimer's disease	**7.8**	**7.1**	**7.2**	**8.2**	**8.6**
Acute myocardial infarction	6.1	6.4	6.3	5.8	6
Atherosclerosis	7	7.4	6.8	6.2	6.6
Pneumonia	6.4	6.4	6.2	6	6.1
Intestinal obstruction without mention of hernia	6.4	6.8	7.2	6.6	6.2
Nephrit.&nephr.syndr.&nephrosis	7.6	7.1	7.5	7.5	7.3
--Acute renal failure	8.2	7.6	7.9	7.6	7.4
Injury, adverse effects, and complications of care	6.3	6.5	6	5.8	6.2
-Fracture of neck of femur	7.2	6.5	6.5	6.4	6.6

Alzheimer's Disease and Dementia

It is projected that there will be more people who will live longer. The incidence of Alzheimer's disease in Cayuga County will increase, not only because of the increases in the numbers of older people, but also because more people are living into their 90's and 100's. Added longevity increases the incidence of chronic disease or disability and that is particularly true for Alzheimer's disease and other dementias. Figure 4, excerpted from the National Alzheimer's Association's 2012 Facts and Figures report illustrates that while we have made significant progress on other fatal diseases that is not the case in reducing deaths from Alzheimer's disease. Alzheimer's disease is currently the 7th leading cause of death (all ages) in the United States.

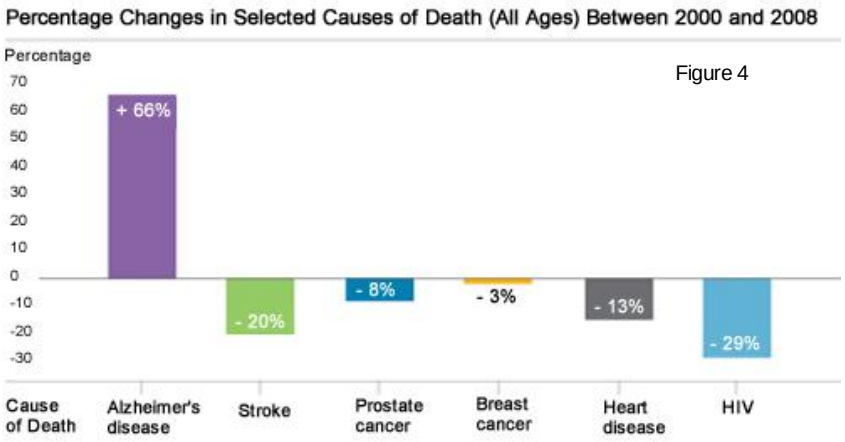
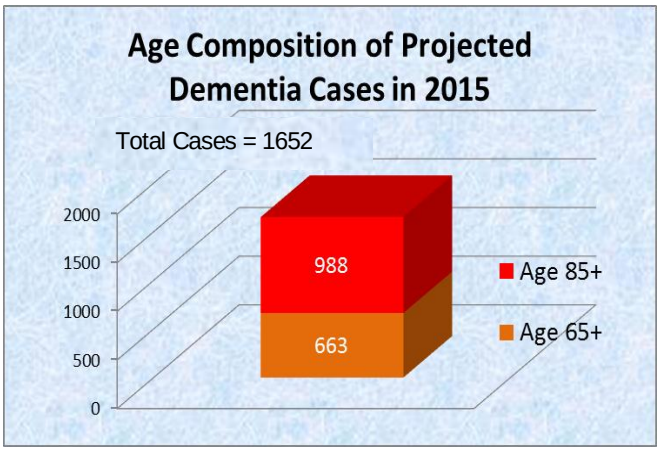


Figure 4

Currently, the average life span for a person with Alzheimer's disease ranges from 8-20 years. As was the case in HIV/AIDS health trends, new treatment drugs resulted in a significant increase in life span for those suffering from HIV/AIDS. The service system was required to evolve from supporting the dying to supporting the living. Similarly, it is projected that due to the drugs being developed for the treatment of Alzheimer's disease, there will be more people living with the disease for longer periods in the community. The service system will need to evolve in order to respond to the growing numbers of persons experiencing Alzheimer's disease and related dementia and their families.

The National Alzheimer's Association reported, in their 2010 Facts and Figures Report, that 13% of persons over 65 and nearly half of those over 85 have Alzheimer's disease. Using this formula, combined with the Census updates for 2010, it is estimated there are approximately 1,550 individuals living with Alzheimer's disease in Cayuga County and by 2015 (population projections from NYS Department of Labor) there would be 1652, or an increase of 100 residents age 65+ with dementia. The 85+ cohort is predicted to grow 29% by 2015 (from 2000). Applying the census numbers, the county's growth estimates are: 1040 age 85+ population in 1990, 1,524 in 2000, 1914 in 2010 and 1975 in 2015. This represents an increase of 90%. Based upon the statistic that nearly 50% of persons age 85+ will have Alzheimer's disease or other form of dementia, a conservative estimate of growth in Cayuga County suggests the following: an additional 207 persons 85+ afflicted with dementia by 2010 and an additional 238



persons 85+ afflicted with dementia by 2015. Alzheimer's is devastating to the individual and their family. There will likely be a 53% increase in the diagnoses by 2015 (from 2000) within the county. Those impacted will require significant support from their community.

Social Isolation – Elderly

A recurring theme by the work groups at the annual public hearing was the need to reduce isolation and increase opportunities for socialization. Reducing isolation could be a part of the solution to combat many of the issues, particularly Alzheimer's & dementia care, caregiver support, elder abuse/at-risk seniors, mental health concerns, and even improving health care outcomes.